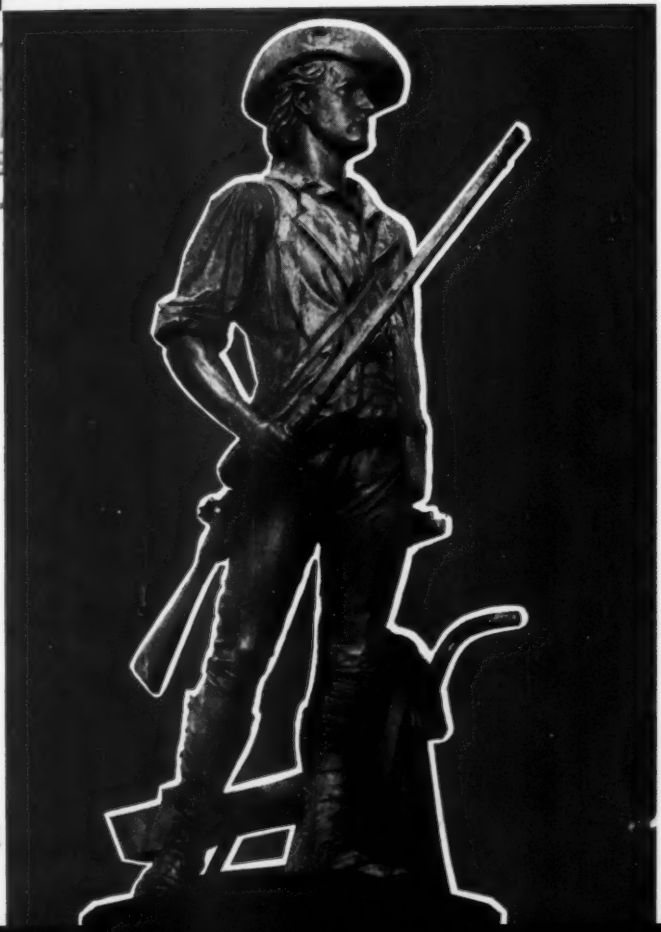
Medical Economics



BER 1941
YEAR

FELLOWS'

COMPOUND SYRUP

An excellent appetite stimulant and a dependable bitter Tonic which contains valuable mineral salts. It has been prescribed by doctors in most countries for more than 60 years.

It stimulates the alimentary canal and produces improved muscle tone and muscle nutrition. A helpful respiratory and vasomotor stimulant.

Such care is devoted to the preparation of FELLOWS' SYRUP that only by insisting upon "FELLOWS" can the same unvarying quality be assured.

FORMULA: Each fluid drachm contains

Strychnine Hydrochloride	Gr. 1/61	Lime Hypophosphite	Gr. 5/16
Manganese Hypophosphite	Gr. 1/8	Iron Pyrophosphate	Gr. 1/8
Potash Hypophosphite	Gr. 1/8	Quinine Sulphate	Gr. 1/20
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26 Christopher Street **New York, N. Y.**

Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

SEPTEMBER 1941

Cover photo by Ewing Galloway

CIRCULATION: 130,000

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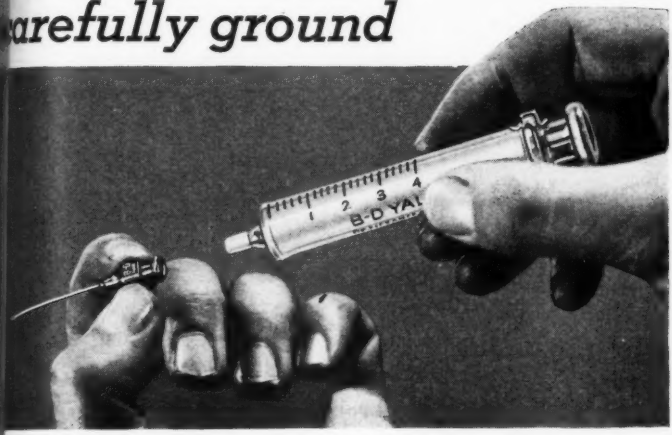
Lansing Chapman, Publisher . *Russell H. Babb*, Advertising Manager

The tip that always fits is slowly and carefully ground



AS you know from experience, B-D Syringe tips always fit D Needles. Syringe tips and eedle hubs are measured to thou-ndths of an inch with companion ages. Each syringe tip is indi-dually measured.

Furthermore, B-D Luer slip tips e slowly, carefully and finely ound in order that there may be o coarse particles of glass to break ay causing premature leakage at e tip. Each tip is dividually tested for akage.

The elimination of testing for leakage at the tip would lower production costs. Coarse, fast grinding would speed up the operation and would also lower production costs. Either, or both of these, however, would produce a syringe costing you more in actual operation.

Ten manufacturing details, each calculated to achieve better performance and lower cost of operation, combine to stimulate professional preference for B-D syringes.

B-D PRODUCTS
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YALE	MEDICAL CENTER	LUER-LOK
OF SPECIAL RESISTANCE GLASS	OF 'PYREX'	EXTRA STRONG TIP LOCKS WITH B-D NEEDLES

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

speaking frankly

DRAFT DOCTORS

TO THE EDITORS: The Government is imposing on physicians when it asks them to examine selectees without compensation. I am sure that 90 per cent of the examining physicians believe they should be paid for such service to the extent of from three to five dollars per examination.

Rather strange that the A.M.A. should barter the services of general practitioners for nothing while specialists connected with the induction boards receive as much as $15 a day!

Please look into this.

M.D., Pennsylvania

[*We are looking into it. Since a number of physicians have made the same request, a questionnaire addressed to local draft board doctors is included in this issue on pages 54-55.*—THE EDITORS]

GOOD NEIGHBORS

TO THE EDITORS: I am glad to hear of the interest of MEDICAL ECONOMICS in the field of inter-American relations.

From the inception of the program to strengthen the solidarity among the republics of the Western Hemisphere, it was apparent that the extent of the success achieved would be governed by the understanding and friendship existing between the peoples of the Americas.

Those close to the problem realized that mutual interests particularly of a professional character, were a sure ground for building friendship. Doctors everywhere cope with much the same problems, regardless of nationality or geography. They are motivated by the same considerations for human welfare.

The program of the Office of the Coordinator of Commercial and Cultural Relations between the American Republics has included fostering exchanges of medical information, teaching, and facilities among the nations of the hemisphere. For example, a group of outstanding medical school graduates in the other republics have been awarded special interneships in university hospitals and clinics in the United States. This plan, conceived by a group of medical teachers, was cooperatively executed by the coordinator's office, the Pan American Sanitary Bureau, and the participating hospitals and clinics.

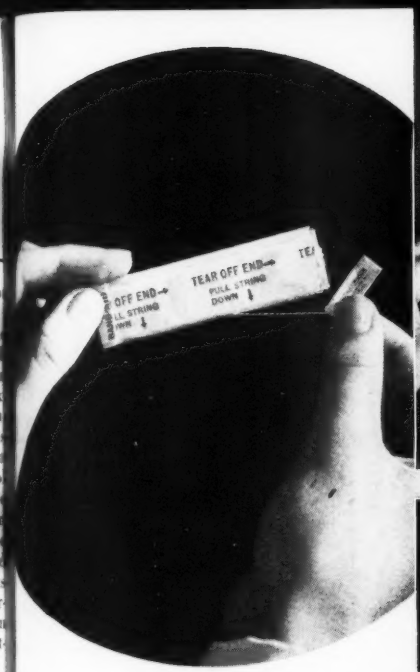
Broadened and developed projects of this nature will go far to accomplish the double purpose of breaking down the remaining barriers that separate us, and bettering the health of people everywhere in the hemisphere.

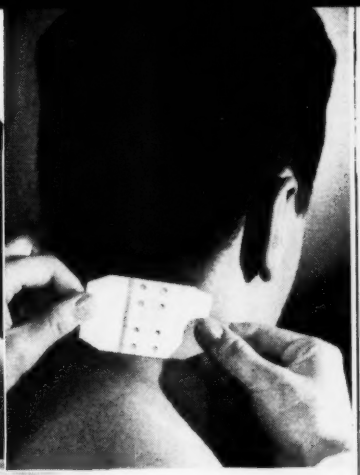
Nelson A. Rockefeller*
Washington, D.C.

NO CLOAK

TO THE EDITORS: Dr. Riggall's article on bedside manners (August MEDICAL ECONOMICS) struck me as being straight to the point. The doctor who feels he should cultivate a special bedside manner should take stock of himself. He might even find he has mistaken his calling. For the physician who has the real attributes of his profession—quiet dignity, calm assurance, sympathetic understanding,

*Mr. Rockefeller is Coordinator of Commercial and Cultural Relations Between the American Republics.





MANY SIZES MANY USES

Band-Aid is a versatile dressing, eful in many ways. It combines a uze pad and an adhesive strip in a it ready to use. Physicians will be pecially interested in the Professional e, a 3″ x 6″ strip which may be cut any size or shape. The new Junior and-Aid, 1½″ x ⅜″, makes a neat, all dressing.

RDER FROM YOUR DEALER

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

and the humility that comes from much learning and experience—need never be concerned about a bedside manner.

Let him take thought who needs to don a manner, like a cloak, at the threshold of the sickroom. And while he is pondering it, he might well check on his manner elsewhere than at the bedside. It is not apt to be much better one place than another.

Registered Nurse,
New York City

CORRECTION

TO THE EDITORS: I'd like to correct an impression gained from reading a MEDICAL ECONOMICS' news item in the June issue entitled, "Morons and the Draft." Reference made therein to psychopaths, morons, and paranoid types as being desirable for induction into the armed services is perhaps unfortunate, since the burden of the testimony of the psychiatrists quoted actually emphasized the lack of wisdom in such a policy.

Col. L. G. Rowntree, Chief
Medical Division
Selective Service Headquarters
Washington, D. C.

COAL DIPLOMATS

TO THE EDITORS: "List Practice in the Coal Fields" (August MEDICAL ECONOMICS) describes this type of medical service quite comprehensively. But I question the writer's use of the word "camp." A community which houses the business and social life of miners and their families for many years is scarcely a camp in the sense of a temporary habitation...

Coal company physicians have to be real diplomats. They must face trying domestic circumstances in the conglomerate population that makes up a mining community. The doctor is often the confidant of the whole social group. And he is also a valuable asset to the operators, since he is a key man in the administrative prob-

AN ACHILLES' HEEL

It is now well known that many a "good" American dietary has its Achilles' Heel, its deficiency in factors of the Vitamin B Complex.

For use in such often-encountered "subclinical" deficiencies, the following products are confidently recommended, both because of potency and availability at low cost to patient.

WHITE'S VITAMIN B COMPLEX

WHITE'S NATURAL VITAMIN B COMPLEX TABLETS

Derived entirely from natural sources, these tablets provide a convenient, economical dosage form for adults and older children. They supply all the factors of the B Complex natural to Brewers' Yeast, including measured amounts of Thiamine (B_1), Riboflavin (B_2), Pyridoxine (B_6), and Pantothenic Acid.

WHITE'S VITAMIN B COMPOUND LIQUID

A Liquid for drop dosage, readily miscible with infant formulas, and providing the advantages of potency and ratio obtainable through the use of pure, crystalline synthetics. Supplies measured amounts of the five clinically important B factors: Thiamine Hydrochloride, Riboflavin, Pyridoxine Hydrochloride, Pantothenic Acid and Nicotinic Acid. Priced substantially lower than any product of this nature we have heretofore been able to offer.

WHITE'S THIAMINE HYDROCHLORIDE

(Vitamin B_1 Hydrochloride)
Tablets of 1 mgm. and 5 mgm.

These products are ethically promoted, not advertised to the laity.

White LABORATORIES, INC.
Newark, New Jersey

lem of keeping labor contented.

The statement that doctors are sometimes employed under contract does not agree with my information. I doubt if there is anywhere a list-practice contract in writing today. There may be some correspondence, but generally it is simply a verbal understanding. . .

W. E. E. Koepler, Secretary,
Pocahontas Operators Assn.
Bluefield, W. Va.

SUBSTITUTES

TO THE EDITORS: In a recent issue one of your readers asked what financial arrangements may ethically be made between a physician who must temporarily give up practice because of illness, and the man who substitutes for him.

When I was practicing in Europe, I had occasion to establish substitute arrangements that may be suitable in cases of this kind. It was my practice to give the substitute half of the net sum he received from my patients, guaranteeing him a minimum amount monthly. Or I would pay him a salary. I found, however, that the substitute was ordinarily more interested in the first of these two arrangements. Of course, if the substitute rooms and boards in the doctor's house, a reasonable deduction is made therefor.

To cover the eventuality of the substitute's continuing on as assistant after the first doctor's illness is ended, a provision in the contract may prescribe a fixed monthly salary similar to salaries a sanitarium pays for its permanent assistants. It is necessary, of course, to include a clause requiring several weeks' notice of the substitute's intention to locate elsewhere should he wish to terminate the arrangement.

If it is desired to make contract provisions to cover the possibility of

the first doctor's death and the assumption of the practice by the substitute, it may be provided that the widow shall receive 25 per cent of the net income for a limited time, such as three years. During this time, of course, the substitute pays all overhead expenses, including rent. No arrangement of this kind would be necessary if the substitute should buy the whole property—house, car, instruments—for a reasonable price which would include the estimated value of the practice.

In all arrangements of this type, of course, variable factors must be considered. I have in mind, for example, the age of the substitute and the extent of the pr tice.

Erwin C. Froelich, M.D.
Cleveland, Ohio

PAY-PROMPTER

TO THE EDITORS: When repeated bills have failed to bring a response, a visit to the patient's house with a polite but firm request for payment is often successful. Reason, I suppose, is that patients do not want the neighbors inquiring as to the purpose of a doctor's call. They usually respond by making prompt payments thereafter.

G. Lewis Bauer, M.D.
Belleville, Ill.

SURGERY PROGRAM

TO THE EDITORS: Every time a surgeon complains that too much surgery is being performed by unqualified G.P.'s, I want to ask him two questions:

1. Who has made it so difficult to obtain adequate surgical training?

2. How many surgeons in cities under 100,000 population do general practice between their lucrative operations?

If surgeons were not merely trying to keep newcomers out of their field, they would not have closed out opportunities for training. Without ade-

FOOD USES OF HORLICK'S MALTED MILK NO. 4

NOW—HORLICK'S

HELPS SOLVE THE PROBLEM OF VITAMIN MAINTENANCE

Prescribe Horlick's Malted Milk—Fortified

IT HAS ADDED VITAMINS

VITAMINS ADDED PER OUNCE HORLICK'S—FORTIFIED			
VITAMIN A	1,334 U.S.P. UNITS	VITAMIN D	134 U.S.P. UNITS
VITAMIN B_1	84 U.S.P. UNITS	RIBOFLAVIN	340 GAMMA

In liquid, soft, semi-soft and other special diets, where the problem of daily vitamin maintenance is complicated by the restricted selection of foods, Horlick's Malted Milk—Fortified serves an important dual purpose. This reliable food drink supplies maintenance quantities of vitamins A, B_1, D and G and, in addition, the basic nutritive elements—protein, carbohydrate and fat, in well-balanced proportion.

HORLICK'S IS AN EXCELLENT VEHICLE FOR VITAMINS

Horlick's mixed with water has nil curd tension. Mixed with milk, soft curds are produced in the stomach. Horlick's, therefore, is easy to digest. Because of its finely divided, homogenous character Horlick's is readily assimilated and an ideal vehicle for vitamin administration.

Three ounces of Horlick's—Fortified provide the daily maintenance requirements of vitamins A, B_1, D and G in appetizing food form.

Horlick's—Fortified, also Horlick's, Original, Malted Milk, without added vitamins, may be purchased at drugstores everywhere.

HORLICK'S MALTED MILK CORPORATION

RACINE • WISCONSIN

quate training facilities, it is inevitable that general practitioners will operate where they are not qualified.

In any event, many surgeons treat any medical case they come across. If medical training does not make a surgeon, surgical training does not qualify one to treat diabetes, pneumonia, T.B., etc.

I suggest that high standards for surgical-staff membership be insisted upon. But the road to surgery must be kept open for those who honestly want to be good surgeons. Therefore, the following program should be adopted. 1. More residencies available to general practitioners. 2. Acceptance of the "preceptor" system in which a man works with an accepted surgeon for a number of years. 3. Junior staff memberships, which are open to general men, qualifying for surgery after a term of years. 4. Let surgeons follow surgery and not general practice between operations. 5. Hospital examining boards in surgery to make a careful analysis of the candidates' qualifications and experience. 6. Accepted courses for surgeons and specialists (covering one to two years) such as the University of Pennsylvania now has. 7. Periodic examinations of all surgeons on the hospital staff. This would check up on the old fogey who was "house" in 1900 and still insists on operating, even though he cannot see well and has to sit on a stool.

This program might cause grief among some surgeons and their organizations. But it would keep out the unqualified surgeon and still allow those who wanted to operate a chance to qualify.

M.D., Ohio

PRESCRIPTION

TO THE EDITORS: I've found it worthwhile to have envelopes made which have my letterhead information printed on the center of the front. Then I use

Telegram, Airmail

Orders coming in for this NEW relief of HAY FEVER

Don't believe, until we prove it to you, that this simple tablet of sodium, potassium, and ammonium chloride will begin to relieve your own or your patients' hay fever symptoms, often in as short a time as ten minutes.

Do as several thousand other physicians have done; confirm the surprising efficacy of Nakamo Bell by sending the coupon for a sample.

"Trial is Proof"

SEND FOR SAMPLE

ME9

Hollings-Smith Co.

Orangeburg, N. Y. Sample Nakamo Bell, please.

Dr. .....

Address .....

the envelopes as containers in which to hand prescriptions to my patients. Purpose: By treating a prescription with added attention and dignity, the envelope procedure suggests that the prescription is an article of value. Which, of course, it is.

M.D., New Jersey

DIVISION

TO THE EDITORS: A general practitioner in the city either must tote a heavy bag up the stairways of apartment houses, or he must risk being left without necessary implements and drugs when the need arises. I've solved this problem by dividing the burden between two bags—a new one, which I always take with me into the patient's house; and an old one, which I leave in the trunk of my car.

The steady companion contains the things I need on practically every case: stethoscope, flashlight, blood-pressure apparatus, tongue depressors, otoscope, prescription pad, alcohol, hypodermic outfit, small amount of cotton, some dressings, two or three surgical instruments, sterile gloves, tourniquet, and finger cots. Pills and solutions may also be carried in this bag.

The bag which ordinarily remains in the car contains a blood-examina-

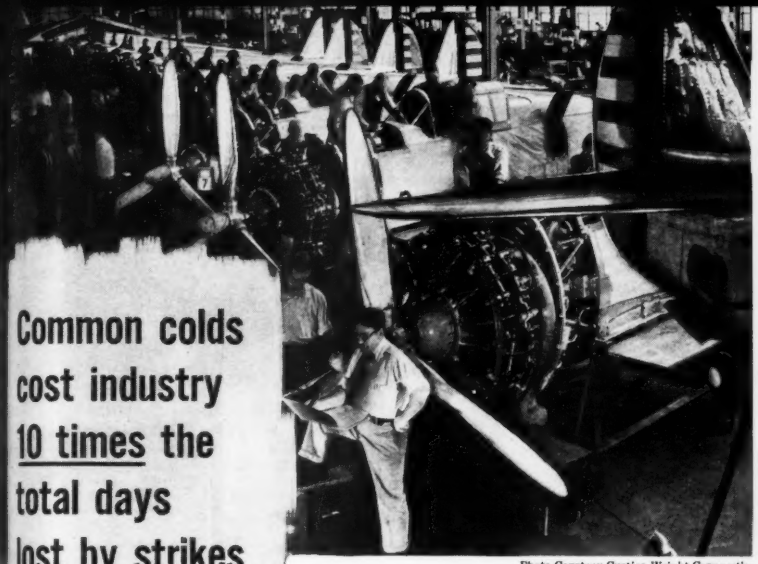


Photo Courtesy Curtiss-Wright Corporation

Common colds cost industry 10 times the total days lost by strikes

let COLDS keep defense rs from their jobs

e common cold and its complications shortly begin to rob defense of many ous "man hours." This problem will me more serious as the winter nths approach. You can materially to reduce this toll *now* by the use ral vaccines.

cagen' Oral Cold Vaccine Tablets re well-established as an immuniz- g agent against the common cold. n increasingly large number of ysicians who are vitally interested the problem of health mainte- nce recommend the use of these blets to prevent or mitigate the mmon cold and its complications.

cagen' Oral Cold Vaccine Tablets in- le in each tablet the soluble antigenic tions of 60,000 million organisms resenting M. catarrhalis; Pneumo- us Types 1, 2, and 3; B. friedlander; hylococcus aureus; Streptococcus hemolytic, non-hemolytic, and viridans; and B. influenzae.

As the tablets (enteric-coated) contain only soluble bacterial derivatives, absorption in the intestinal tract is facilitated.

The dosage is one tablet with a glass of water on an empty stomach for seven successive days; then one or two tablets each week.

Supplied in bottles of 20, 100, 500 and 1,000 tablets.

Vacagen Oral Cold Vaccine Tablets

Sharp & Dohme

SHARP & DOHME
P. O. Box 7259, Philadelphia, Pa.
Please send 'Vacagen' Oral Cold Vaccine Tablet sample and literature.

Dr. _____

Address _____

City _____ *State* _____

Company _____

ESKAY'S NEURO PHOSPHATES

Each adult dose, 2 fluid drams (2 teaspoonfuls), contains in acid state:

Alcohol . . . . . 17 per cent
Strychnine glycerophosphate, anhydrous . . . . . 1/64 grain
Sodium glycerophosphate 2 grains
Calcium glycerophosphate 2 grains
Phosphoric acid . . . . 1.5 minims

THIS FORMULA even on paper, instantly appeals to the physician as a judicious combination of recognized tonic ingredients. But the product itself is far more than a formula on paper.

Its scrupulous compounding, delicate balance, and outstanding appearance and palatability combine to give Eskay's Neuro Phosphates an additional something—a something which has been clinically proved.

Doctors have been prescribing Eskay's Neuro Phosphates for more than 30 years. They prescribe it because it works.

TWO PALATABLE AND E

SMITH, KLINE & FRENCH LABORATORIES

ESKAY'S THERANATES

THE FORMULA OF
ESKAY'S NEURO PHOSPHATES
PLUS VITAMIN B_1

Each adult dose, 2 fluid drams (2 teaspoonfuls), contains in acid state:

Alcohol	17 per cent
Strychnine glycerophosphate, anhydrous	1/64 grain
Sodium glycerophosphate	2 grains
Calcium glycerophosphate	2 grains
Phosphoric acid	1.5 minims
Vitamin B_1 (Thiamine hydrochloride)	(.75 mg.) 250 I.U.

and THIS FORMULA answers the insistent demand by physicians for a second tonic, embodying the clinically proved formula of Eskay's Neuro Phosphates, plus Vitamin B_1.

Eskay's Theranates is not intended to replace Eskay's Neuro Phosphates. It is, rather, particularly indicated where the physician suspects a B_1 deficiency.

An exceptionally large quantity of Vitamin B_1 has been added to Eskay's Theranates—the equivalent, in adult dosage, of 750 International Units daily.

EFFECTIVE TONICS

PHILADELPHIA, PENNSYLVANIA

tion outfit, including a 10 c.c. syringe; larger quantities of dressing material; splints; containers for blood sputum, etc.; suture kit; and a few more surgical instruments.

This arrangement resolves the dilemma neatly. And the second bag, which remains in the car, also makes a valuable emergency kit for trips and vacation. It needn't be a regular bag, of course; almost any kind of box or suitcase will do.

Joseph Kaschmann, M.D.
Hartford, Conn.

WHOSE PROFIT?

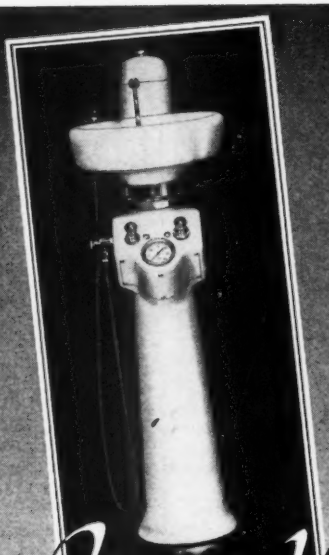
TO THE EDITORS: Many organizations dispensing medical service for a fee stress the point that they are "non-profit." But "non-profit" is often just a catch phrase, whose real meaning is "non-profitable to the physician. . ."

There are three categories of persons concerned with such plans: (1) the executives, directors, etc.; (2) lay subscribers; and (3) the physicians who actually supply the medical care. The first group, usually the founders of the organization, derive from it fixed salaries in actual dollars. The lay subscribers, in return for money paid in, receive actual medical care from physicians. While physicians may receive, not dollars, but "units" or "shares."

In other words, everything has a fixed value or quantity except physicians' remuneration. That is something to be determined at the end of the quarter—after executives and employes have taken their salaries, and after a hundred incidental expenses are paid. Then, and only then, is the payment to physicians computed from the remainder.

The corporation is in effect saying to our profession: "Take care of these subscribers, and afterward (if we have any money left) we'll pay you."

If these corporations are really non-profit, why should not executives and



Your Third Hand

Ritter Surgical Cuspidor

No one article of equipment is so necessary in the physician's office than the Ritter Pedestal Cuspidor, for herein are embodied all essentials necessary for cleanliness . . . for efficiency . . . for patient attractiveness. It is literally the "third hand" of the physician, because it performs so many functions.

Here in the Ritter Cuspidor are embodied safety features through the vacuum breakers, which insure against back siphonage from the vacuum generator and the cuspidor flush as well . . . wash solutions flow directly into the waste line . . . it is symmetrical in design, bringing an air of distinctiveness to the physician's office.

Vacuum gauge, on face, tells at a glance just how much suction is being obtained; two valves control water supply; water supply and waste lines are located within the compact pedestal; large sized trap insures against clogging.

See it today at your Ritter dealer's . . . or write direct.

Ritter Equipment Company, Inc.

Ritter Park **Rochester, N. Y.**

employes also work for units? In that manner doctors would not be alone in carrying the risk. But you can rest assured that no executive in these schemes would agree to such a proposal. He'd claim that his salary represented an "expense," and could not therefore be expressed in units. Arguments of this sort can be continued *ad nauseam;* but painting stripes on a donkey doesn't make him a zebra.

These "non-profit" schemes are an evil to the profession. The non-profit idea is simply a clever way of making doctors assume all the risks and do all the work.

M.D., New York City

STIFF BACKBONE

TO THE EDITORS: It seems to me that the fee-splitting situation results from an inherent economic imbalance, with the general practitioner getting the short end of the seesaw.

So why not stiffen the medical backbone and handle all referred cases in a common-sense, businesslike manner? Let the general practitioner get together with the specialist and figure out the total cost of a given treatment or operation—including the general pracitioner's fee, the specialist's fee, hospital charges, and any other expenses. Let the specialist render a bill for the full amount, agreed upon beforehand by the patient.

A satisfied patient will pay the bill. All concerned in the case are in turn paid for their time and services. Lawyers, engineers, architects, and similar professional groups handle their affairs on this sensible basis. Why can't we M.D.'s?

M.D., Ohio

Pictures In This Issue

Pp. 48, 49—Metro-Goldwyn-Mayer
P. 57—Ted F. Leigh-MEDICAL ECONOMICS
Pp. 64, 65—The Bettmann Archive
P. 68—Federal Security Agency

STAYING POWER

To maintain an even dispersion all the way through the gastrointestinal tract, an emulsion needs real staying power.

Hence the formula of Kondremul—mineral oil held in fine suspension with a tough film of chondrus crispus (Irish Moss).

A decided aid in combating constipation, Kondremul is available in three forms:

KONDREMUL Plain

KONDREMUL with non-bitter Extract of Cascara

KONDREMUL with Phenolphthalein (2.2 grains phenolphthalein per tablespoonful)

for graded steps in treatment. No leakage, no loss of effectiveness through coalescence of the mineral oil.

KONDREMUL

THE E. L. PATCH COMPANY

BOSTON MASS.

THE E. L. PATCH CO. Dept. M.E. 9-41
Boston P.O., Boston, Mass.

Gentlemen: Please send me clinical trial bottle of
☐ Kondremul Plain
☐ Kondremul with non-bitter Extract of Cascara
☐ Kondremul with Phenolphthalein
(Mark preference)

Dr. .....
Address .....
City ..... State .....

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

Study shows

85% of your treatments are *in the bag*

✓ Check yours for "quick-call preparedness." Your Curity dealer can quickly supply this list of necessaries

- ✓ *APPLICATORS, cotton-wound
- ✓ *ABSORBENT COTTON, U.S.P., in handy small package
- ✓ *HANDI-PAD GAUZE, regular thickness sterile dressings
- ✓ *HANDI-FOLD GAUZE, extra-thick prepared dressings
- ✓ *ADHESIVE (Hypo-Lorgix made with Formula 87), cut widths on individual spools
- ✓ *BANDAGES, individually cartoned, "welded edge."
- ✓ HANDI-TAPES, ready-to-use gauze and adhesive dressings
- ✓ A.B.D. ROLL, for vaginal packing
- ✓ CELLUWIPES, disposable tissues
- ✓ *SUTURES: Emergency Tubes with catgut or non-absorbable strands on half-curved needle, Dermal sutures on skin needles, Umbilical Tape, etc.

*These are listed as "Necessary"

● A recent survey, conducted by three Winston-Salem physicians and reported in "Medical Economics" (April, 1941) indicates how important a fully equipped bag is to the doctor. These physicians, in a study of 1,000 patients, found that 85% of all cases could be cared for without recourse to any equipment but that contained in the doctor's handbag.

Why not inspect your kit now—and make sure it's completely stocked? Listed here are the Curity equivalents of the dressings, adhesive and suture supplies found by the survey to be essential in the well-equipped practitioner's bag. And like many of America's leading hospitals, you'll find Curity stands for quality, reliability, economy. Your nearby Curity dealer stands ready to serve you.

Curity

LEWIS MANUFACTURING CO.
BAUER & BLACK
2500 South Dearborn Street, Chicago
Divisions of The Kendall Company

Modernism
IN A VICTORIAN AGE

He read by the glow of the parlor lamp in the 70's, but the household's medication was as modern as today, for it was in the 70's that Dr. Phillips introduced Phillips' Milk of Magnesia.

Phillips' Milk of Magnesia is a double-edged therapy that allies a reliable antacid with a gentle laxative. It does not cause the bloating associated with administration of carbonates, nor the irritation of a harsh cathartic. Palatable, slow and steady in action.

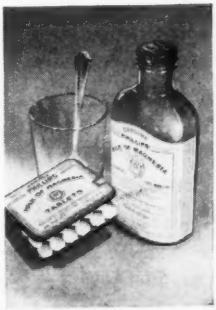
Presented in two dosage forms:

Phillips' Milk of Magnesia (Liquid)
Phillips' Milk of Magnesia Tablets

Each tablet is equivalent to a teaspoonful of the liquid.

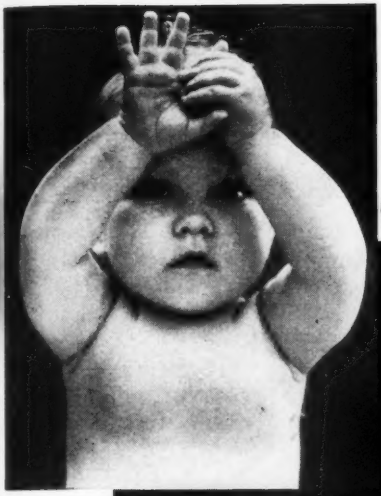
DOSAGE: As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets). As a gentle laxative: 4 to 8 teaspoonfuls.

We will send you a sample on request



PHILLIPS'
Milk of Magnesia

Prepared only by THE CHAS. H. PHILLIPS CHEMICAL CO. New York N.Y.



LACTOGEN
approximates
women's milk in the
proportion of
food substances

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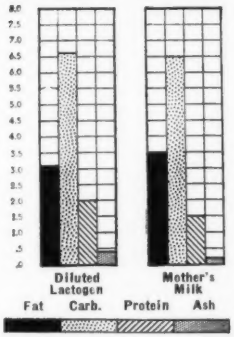

"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."—John Lovett Morse, A.M., M.D., Clinical Pediatrics, p. 156.

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- SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
- NO CILIARY INJURY—NO TISSUE IRRITATION
- NO SYSTEMIC TOXICITY
- NO PULMONARY COMPLICATIONS
- DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE

SIDELIGHTS

om Washington, D.C., fountainhead federal medicine, one expects a id display of patriotism on the part the populace—not excluding phyians. Therefore, when the Ameri- Medical Association released staics on the proportion of doctors o had answered its medical-preedness questionnaire, there were se who turned to the figures to see ich State had won the blue ribbon r patriotic cooperation.

Response from the medical profesn at large averaged 83 per cent. e States of Alabama and Arizona g the bell with 100 per cent. And ere was the District of Columbia? lieve it or not, at the bottom of the with a response of 56.5 per cent.

✪

ention the "psychologic effect" of gnostic instruments, and you think a display of equipment designed nvince patients of the doctor's upateness and thoroughness. (Which not be too severely indicted since patient's confidence is clearly a tor to conjure with in working out reatment program.) However, there nother "psychologic" value in the gnostic instrument. This is in winng the cooperation of an aggresve, perhaps dictatorial, business exutive who is sure he is all right and n't take orders from the doctor beuse he is a man who gives orders a man who takes them.

The middle-aged tycoon who has rked hypertension, degenerative rt disease, chronic nephritis, or perthyroidism often laughs off the ctor's advice to "take it easy" with breezy insistence that there is nothg wrong with him and that the practitioner is an old maid. Such a patient faced with an electrocardiogram tracing that is utterly incomprehensible to him is nevertheless impressed. He is likewise impressed when shown the results of a basal metabolism test, a laboratory report, or the tracing of a recording sphygmomanometer. He is infinitely more likely to accept the doctor's dictum in such an instance than if it resulted from a chest-thump, a tongue inspection, a heart auscultation, or a pulse count.

✪

Jokes to the contrary, the title "professor" still attracts public respect. In cities that have medical schools, even the lowest-ranking teaching connections are eagerly sought. Rationally or not, the laity believes that a man who knows a subject well enough to teach it must know it well enough to practice it.

Hence, it is strange that physicians so often neglect the one teaching connection open to almost any doctor on the staff of a medium-sized or large hospital. That is the job of lecturing to student nurses.

Training schools usually have to draft their faculties by something akin to a process of shanghaiing. Yet lecturing to the embryo Florence Nightingales can be something more than a routine chore. The doctor who gives a specialized course to, say, twenty-five student nurses a year will in five years have become an authority on the subject among 125 graduate nurses. And he will be, indeed, a teacher of the specialty, with all the dignity that pedagogic status brings. Not the least of the merits of lecturing to nurses is the fact that the doc-

tor-teacher has to review his materia constantly in order to be prepared t answer the questions hurled at hi by today's crop of intelligent, well read young nursing students.

Properly pursued, the position o a nursing faculty can thus be a pre tige-winner, a wit-sharpener, and u timately a practice-builder.

✪

The good samaritan's proclivity fo getting into trouble is traditional. A pertinent example is an Eastern phy sician who recently went to work fo Selective Service as a draft board ex aminer. He gave up his time, pilote his car to the draft board office ever week, expended his energy, and used his own equipment—all, of course, without any remuneration being asked offered, or expected.

His reward was a summons to malpractice action.

It appears that while irrigating registrant's ear canals he discovered an old perforation of the eardrum. He therefore rejected the registrant for an old otitis. Next week the examiner was formally notified that he had perforated the eardrum in the course of irrigating it, and was asked to pay substantial damages.

While there is little danger of the doctor losing the suit, since no expert could deny that the registrant's perforation was an old one, there is the inconvenience and embarrassment of defending the action, even with the help of his insurance carrier. Furthermore, the government has no authority to indemnify the doctor if a judgment should be found against him, since no federal funds have been set aside to meet unliquidated damages in cases of this kind. Presumably, if such a need arose, Congress would be asked to pass a bill appropriating money to indemnify the doctor. Pending such legislation, the best the government can promise is vigorous defense of the suit, including the supplying of legal talent and expert medical witnesses. [*Turn the page*]

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The probable reaction of doctors to this hazard is that it is just one of the responsibilities of being a physician, and that no practitioner will refuse to serve his country because of it. Recent observation indicates that the American medical profession is willing, as always, to do its duty without any ironclad guarantees of protection.

✪

"In times as perilous as the present, when the structure of civilization is tottering, when our professional economic problems are so pressing, it takes a free meal to drag one-third of us out to a [medical] meeting." So complains the editor of Missouri's Jackson County Medical Society Bulletin.

The poor attendance at medical society meetings—certainly not an evil limited to Missouri—is one of those disheartening observations that raises doubts about the efficacy of our present form of medical organization. A vicious cycle becomes apparent. Members stay away from meetings alleging that the society is controlled by a clique; and because attendance is so poor leadership necessarily falls into the often unwilling hands of the few who attend regularly. A small audience makes it difficult to secure well-known speakers; whereupon attendance drops still lower. And so it goes, the evil feeding on itself.

Serious study is needed to determine whether the fault lies with the

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Nitroscleran is particularly indicated in arteriosclerosis as well as angina pectoris, in which its prolonged vasodilating action aids in the prevention and relief of anginal attacks. It is also widely employed in many ocular disorders. Write for special literature.

Nitroscleran is a stable preparation of sodium nitrite in saline solution. In its injectable form it is unequalled, the Tosse laboratory being the only one, as far as is known, to produce a stabilized sodium nitrite for injection. Available in ampuls for intravenous or subcutaneous injections; soluble granules for oral administration.

Ask your local physician's supply house or write to E. Tosse & Co., Inc., for literature.

NITROSCLERAN "Tosse"

*One clinician writes: "Worthy of notice is the duration of Nitroscleran effects which were still present 2 to 3 months after treatment terminated."

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construction of medical society programs, with the leadership, with the time or place of meetings, or with some other detectable and remediable factor. Trade unions, considerably less democratic in structure than medical societies, are known to secure a far higher proportion of attendance at meetings. It should not be too much to expect that medical men who have successfully tackled problems like typhoid, tuberculosis and diphtheria can find a way out of this difficulty.

✪

Toward the end of the usual hospital report appears the list of donations. Mrs. Jones, it appears, supplied flowers for the solarium, which gift is gratefully acknowledged. Mr. Smith made a cash donation of a hundred dollars which is not only acknowledged but monumented by a plaque.

We have yet to see the hospital report, however, which acknowledges the greatest gift of all, namely, medical services. It would be a real novelty to read: "Received from Dr. Brown, care for 500 clinic patients this year; cash value, $1.500." Or to see that Dr. Black's operations on ward patients represented the cash equivalent of $5.000.

To be sure, some reports do include a footnote to the effect that the hospital is grateful for the "cooperation" (grand word!) of its medical staff. But that is scarcely proportionate to the dollars-and-cents value of the services rendered; and this acknowledgment is dwarfed by the gratitude expressed for cash gifts—none of them comparable in value to the doctors' services.

It is high time for some medical staff or medical society to turn the spotlight on that hidden asset in hospital bookkeeping: the "accounts received" represented by the services of physicians and surgeons. In fact, it might boost the standing of the profession if henceforth we abandoned the phrase "free medical care" and replaced it with the more meaningful "services donated by physicians."

✪

Then there's the story about the surgeon who was told by a general practitioner that a patient of his had acute appendicitis and could afford a thousand dollars for an operation. When the surgeon expressed interest in the case, the G.P. agreed to refer it to him for a share of the thousand.

The surgeon flashed with indignation: "I never split fees."

"All right," his caller replied soothingly, "I'll go to a man who does."

As the G.P. started to leave, the surgeon countered with, "Anyway, I don't think your diagnosis was right."

"What do you mean?" the general man spluttered.

"I mean," said the surgeon, "that I'll bet you $500 your diagnosis is wrong."

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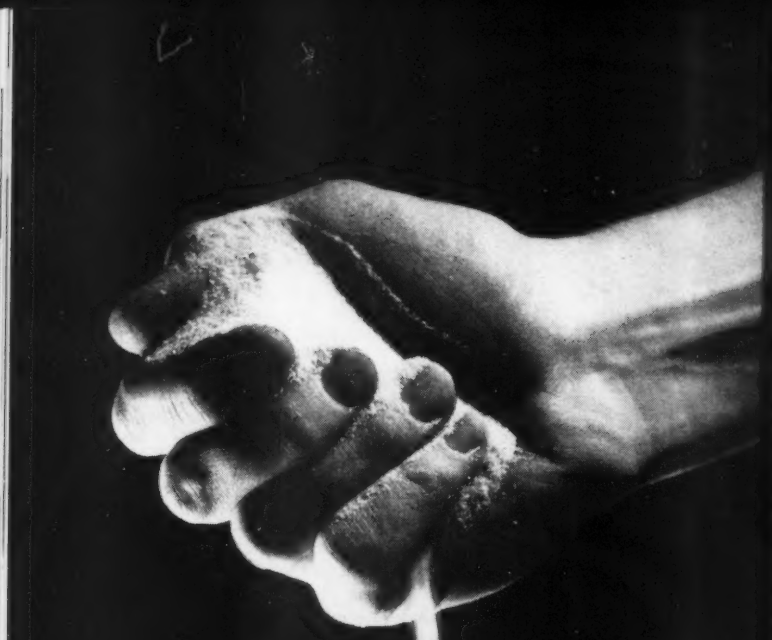

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BY itself, only a handful of sand, fine, pure, white crystals of quartz from a Pennsylvania hillside. But, blended with boron, sodium, barium, lead, phosphorus and other elements—fused and fined at white heat—cooled, sorted, annealed and selected—it becomes optical glass, one of the basic indispensable materials of national defense—and of modern civilization.

Thirty years ago America was wholly dependent on Europe for a supply of glass for optical instruments. But before the first World War had cut off that source, Bausch & Lomb scientists, at Rochester, New York, were at work on the development of a glass-making technique. By 1918, glass to fill the vital needs of optical manufacturing in the United St was pouring from the B&L glass plant.

Today, for binoculars and fire control eq ment that are the eyes of the Army and N —for metallographic and spectrographic eq ment that are the eyes of industrial resear for microscopes that are the eyes of all sci —for spectacle lenses that are the eyes of nation's citizens—America is completely dependent of foreign supply.

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EDITORIAL

Undermining private practice

Almost all thought of socialized medicine has been dissipated by the crescendo of war. Yet not quite all. Though medical men have tabled the subject for future consideration, influential social reformists are exploiting it quietly yet zealously and with renewed hope of success. Space limitations forbid listing all these individuals and their activities; but a random selection of the public statements of one of them typifies the objectives of the group as a whole and may foreshadow the course of events to come.

Arthur J. Altmeyer, chairman of the Social Security Board, has made the following declarations at the following times and places:

From testimony before a committee of the House of Representatives, July 1, 1941:

"We have made a good beginning in our social security program, but that is not enough. We still do not have any social insurance program covering the risk of ill health. . .The method of social insurance can be applied to the problem of health just as it already has been applied in the case of unemployment, old age, and death. . .

"We find unhappy confirmation of inadequacies in our health services. . . in the preliminary finding of the draft boards that approximately 40 per cent of our young men have defects so serious as to prohibit or limit their participation in selective service. . .

"At present, there is justifiable preoccupation with the development of the armed forces and with the manufacture of munitions. . .Along with this emergency phase, the strengthening of underlying measures for social security must go forward. I hope the Congress will give concerted attention to the need for a comprehensive program designed to spread more evenly and more equitably the economic burden of ill health, the most important gap in the present framework of social security. . .

"A pattern for health security has been laid out. Last year and this. Congress has had specific bills available for careful study, bills intended to enact sound programs to meet well-defined needs for. . .more adequate medical services for all the people."

From an address before the New York Tuberculosis and Health Association, March 4, 1941:

"Has Britain thrown overboard her social measures?. . .Not at all. She not only kept what she had but also liberalized existing social legislation. . .

"A recent statement from Vichy points to the health record as one of the reasons underlying the fall of France. The statement cites the high

French mortality rate, as compared with rates in England, Germany, and Scandinavia. . .

"That is how nations at war regard health in relation to national security. We must heed the lessons their story holds for us. . ."

From an address before the American Federation of Labor, November 19, 1940:

"The wage loss due to disability is less than one-fourth of the total cost of ill health. The cost of necessary medical care accounts for the remaining three-fourths of this enormous bill. . .It is absolutely essential for us to distribute this cost so that all of our people may have access to reasonably adequate medical care. There are those who say that any legislation providing for the distribution of the cost of medical care will lead to socialized medicine. . .In spite of such fears, I am confident that a plan can be worked out."

From an address before the National Conference of Social Work, June 6, 1941:

"State and local funds are used to provide medical care for the groups of persons who are unable to provide it for themselves. But such funds in many places are insufficient or almost wholly lacking. That federal funds should be made available to assist the States and local communities to meet these needs is becoming recognized. . .

"The Republic of Chile has the distinction of having enacted comprehensive compulsory sickness insurance legislation as early as 1924 . . .In 1938 that country expanded its sickness insurance law by adding preventive medicine, embracing such provisions as periodic examinations, rest, and—if necessary—full wages. We in the United States can learn much by studying the operation of Chile's social insurance legislation. . .

"Today, with a flaming continent across the seas, the nations of the American hemisphere cannot count themselves secure. The American nations must draw upon all their material and spiritual forces to defend themselves. To these ends, the contribution of social security is basic, for it is through social security that great masses of the citizens of our countries can be assured decent food, clothing, shelter, and essential health services."

Readers of the remarks of Mr. Altmeyer and others like him may readily wonder whether or not the momentum of the defense drive will be used to carry through legislation for a full-fledged U.S. system of national sickness insurance. Certainly, similar systems have been foisted upon other countries in just such periods of stress.

The fact is, however, that a *Blitz* move for social legislation would not be at all characteristic of the reform element represented by Mr. Altmeyer. Much more characteristic would be a slow penetration with small gains at first, followed by gradual but steady expansion. If this element can engineer the establishment of sickness insurance only for the indigent, it will be quite willing to bide its time until the system can be extended bit by bit to include the majority of the population.

Medicine—and the laity—cannot afford to mistake this slow penetration for inactivity. The issue of socialized medicine, far from being dead, is more alive than ever. The undermining of private practice has only begun.

—H. SHERIDAN BAKETEL, M.D.

Your legal questions answered

BY HARRY HIBSCHMAN, LL.D.

QUESTION: *May a physician reveal a diagnosis to a welfare department in order to collect for treating a welfare patient?*

ANSWER: It may be thought that the answer to this is governed by the rule that communications between physician and patient are privileged. That rule, however, is not pertinent; for it operates only in judicial proceedings.

It's true that there are statutory provisions in a number of States (*e.g.*, Ariz., Calif., Neb., Wash.) that make a physician's license subject to revocation if he is guilty of "the willful betrayal of a professional secret." But, as one of the California appellate courts has remarked: "The phrase 'willful betrayal of professional secrets' cannot be said to apply to all disclosures that a physician may intentionally make. . .That the legislature did not intend the restriction to apply to all disclosures is evidenced by the use of the word 'willful'. . .It implies a deliberate intention. . .to do an injury."

It appears, therefore, that this statutory provision, even where in effect, does not prohibit a disclosure of the kind suggested. Consequently, under the law, the answer to the question must be yes. Whether that is also the answer from the standpoint of professional ethics must, of course, be determined independently.

QUESTION: *Can a physician collect for service to a woman who has employed him contrary to her husband's wishes?*

ANSWER: Medical services are necessaries which it is a husband's duty to provide. If the wife requires such services and the husband refuses to furnish them, he is liable if she obtains them against his wishes. But, if he is willing to supply her with the services of a competent physician and she refuses to accept them and, instead, calls another doctor, the latter cannot collect from the husband. He

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If you're confronted with a medico-legal question of common interest, submit it to MEDICAL ECONOMICS for reply. Although personal legal advice cannot be given here, every effort will be made to throw light on legal problems with which physicians generally are concerned. The latter part of each article will discuss recent court decisions of interest to doctors. Dr. Hibschman is a member of the bar of the States of Washington and Illinois, and was, until lately, on the faculty of the John Marshall Law School. He has addressed audiences over the radio or from the platform in virtually every State. Articles by him have appeared in such popular and professional periodicals as the Atlantic Monthly, the Forum, Harpers, Esquire, and the United States Law Review.

can, of course, collect from the wife if she has property or income subject to legal process.

QUESTION: *Must a physician comply with the request of police authorities to certify that an automobile-accident victim was intoxicated?*

ANSWER: No. Police officers are without authority to make such a request, and any statute that would attempt to give it to them would almost certainly be unconstitutional.

QUESTION: *What is the extent of the responsibility of the surgeon and of the anesthetist in an anesthesia accident?*

ANSWER: Assuming that the question refers to the administration of an anesthetic, there is no responsibility on any one if what happened was, strictly speaking, an accident; for liability in such a case must be based on negligence. If the negligence was that of the anesthetist, then he is personally responsible for any resulting injuries. The surgeon is also liable unless it can be shown that he was not responsible for the selection of the anesthetist and that he could not have prevented the negligent act by the exercise of due care.

QUESTION: *May a physician publicly offer for sale a list of uncollectible accounts of patients?*

ANSWER: It has frequently been held that such a course of action gives a debtor grounds for a suit for damages. In the earlier cases the basis of recovery was said to be libel. In more recent cases recovery has been allowed on the ground that the act constituted an invasion of the plaintiff's privacy or that the creditor's malice in following such a course made him liable for the consequent mental pain of the debtor.

In a Wisconsin case, decided in 1936, it was held that the making public of a list of allegedly unpaid accounts did not give a debtor whose name appeared on the list any cause of action. But the weight of judicial authority is definitely to the contrary.

It is, therefore, not safe to follow this procedure, especially where the list implies that the debtors have deliberately avoided payment, because under such circumstances the advertising of the accounts for sale would obviously not be in good faith but intended primarily to harass the persons named.

RECENT COURT DECISIONS

DIAGNOSTIC ERROR

In a recent Ohio case, a child developed a pink mark on her forehead. It was diagnosed by a physician as a birthmark, and he suggested its treatment by a dermatologist. The latter also diagnosed the condition as a birthmark and treated it with radium.

During the next year and a half the child's condition became much worse. Suit was started in her behalf against the second physician, charging that he had been negligent in diagnosing the child's ailment as birthmark when it was in fact scleroderma.

The evidence showed that before the child had been taken to the defendant she had been seen by two other physicians, both of whom had diagnosed the condition as a birthmark. "Furthermore," said the court, "the evidence is overwhelming, if not uncontradicted, that a birthmark and a discoloration resulting from scleroderma are indis-

tinguishable in appearance, or by any known test, and differ only in the manner of their development."

The court, therefore, ruled that the record disclosed no evidence of negligence in the making of the diagnosis.

CHANGE IN OPINION

In the Ohio case just discussed there had been an earlier trial whose results were unfavorable to the defendant physician. An interesting question involved in the appeal was whether a physician, who, as an expert, expressed a given opinion on the witness stand might be cross-examined about a different opinion on the same point which he had expressed at an earlier date. The court quoted with approval this statement of the highest court of Massachusetts: "The opinion of an expert. . .is his final conclusion [only] at the moment of testifying."

This rule is undoubtedly sound and has been recognized in other States. It does not mean, however, that an expert may not be cross-examined regarding previously held or expressed opinions; though he will, of course, be given an opportunity to explain why a later opinion varies from an earlier one.

THE OSTEOPATHIC WITNESS

The question of whether an osteopath may testify against an M.D. in a malpractice suit was before the Supreme Court of Missouri this year. The defendant had been sued for alleged negligence in setting and treating a broken leg, and an osteopath was called as an expert witness to testify for the plaintiff. The trial court rejected his testimony, mainly on the ground that he was not a graduate of a medical school. But the appellate tribunal reversed this ruling, partly because the statutes of the State require both regular physicians and osteopaths to pass similar exams in anatomy, physiology, and surgery.

The supreme court subsequently recognized the general rule as being that "in an action for malpractice a physician or surgeon is entitled to have his treatment of the patient tested by the rules and principles of the school to which he belongs."

"But," it declared, "this does not mean that no testimony of a practitioner of one school is competent against a practitioner of another school." An allopath—or an osteopath—is "competent to express an opinion as to a matter of diagnosis and to testify to any scientific fact that is, or ought to be, known to every physician and surgeon of every school or system."

The latter rule has been applied in a number of States (*e.g.*, Ark., Calif., Iowa, Minn., Neb., N.D., Utah, Vt., Wash.) and is not inconsistent with the general rule previously stated.

FREE CARE NO DEFENSE

Physicians are not absolved from personal liability in malpractice actions by the mere fact of their being employed in county hospitals or other public institutions, according to a recent California decision. Nor can they take advantage of the fact that no claim has been filed against the county within the time fixed by law.

As a New York court said fifty years ago, "The fact that he [the physician] was paid by the city instead of by the plaintiff did not relieve him from the duty to exercise ordinary care and skill."

[*Continued on page* 80]

MacKie and Kamrath, ar

An officeful of ideas

BY WALTER A. COOLE, M.D.

✪ Five years spent trying to practice medicine in the cubbyholes of a professional building convinced me that modern general practice, like modern business, demands plenty of floor space and equipment, plus a convenient central location and parking space for patients' automobiles.

I now have an up-to-date home-office, built to order. Original cost and subsequent upkeep, expressed in terms of monthly payments, figure out to less than the rent I formerly paid. Combining quarters has enabled me to cut overhead and purchase new equipment. From the beginning, my practice has picked up. New equipment has more than paid for itself by bringing new patients.

One of my patients, an accountant for a chain store system, told me how his firm uses spotters to check the number of passers-by in front of likely locations for new stores. Modifying this idea, I obtained a city map, located the homes of my patients with marking pins, and thereby selected a central location.

The building itself is L-shaped, and is modern without being bizarre. Exterior is white, including the roof which is surfaced with white marble chips. The longer wing

constitutes the one-story office unit while the other is a two-story residence.

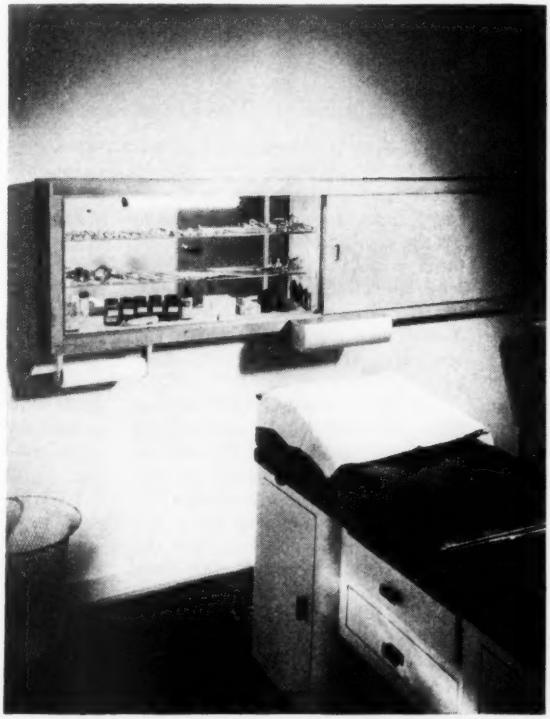
Both units are laid on a single concrete slab. Long, sloping eaves permit the windows to be left open in rainy weather. Each unit has its own ventilating and heating equipment installed in the attic to conserve space.

Between reception room and secretary's office a large glass window (with a small circular opening for intercommunication) permits the reception room to be surveyed at all times. One of the two recovery rooms has a separate outside entrance, which is useful in contagious cases.

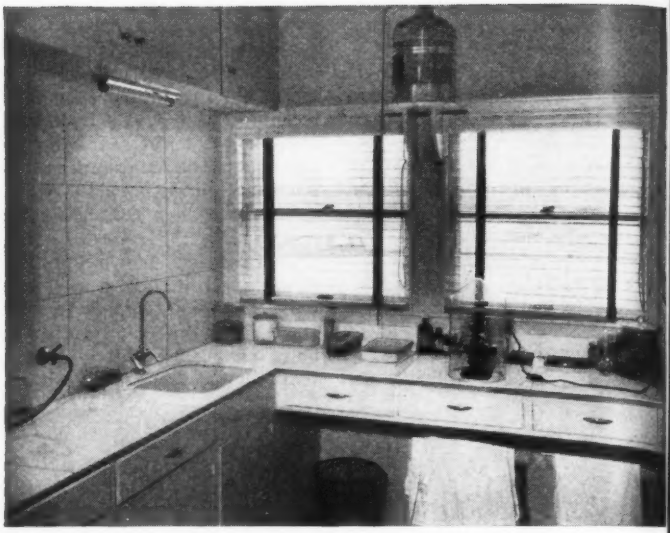
Between the two treatment rooms a long birch instrument case is built into the wall. The case interior is painted white, has plate glass shelves, fluorescent lights, and houses a telephone extension. Sliding doors afford immediate access to this case from either treatment room.

There's also a "baby room," done in pink and fitted with a specially built examining table, baby scales, and a hospital bassinet. Pictures of baby patients adorn the walls.

Another section includes a lava-



Modern efficiency keynotes Dr. Coole's home-office. Photo left shows exterior at patients' entrance; the long eaves soften light, allow windows to be left open during rain. Instrument case (right) is accessible by sliding panels from both treatment rooms.



Easily cleaned, acid-proof working surfaces, plus lavish storage space, distinguish this home-office lab.

tory, X-ray room, and darkroom. On the occasion of barium enemas, the door between lavatory and hallway can be locked, so that the lavatory may be reached only from the X-ray room. At all other times it is accessible from the general-office hallway.

The X-ray room is windowless, being ventilated by light-trapping air ducts. Walls are finished in blue-black. In the darkroom the film dryer rack hangs over the sink, which catches the drip from wet films. An exhaust fan changes the room's air each minute and dries the films rapidly.

In the laboratory, walls and work space are finished in white carrara glass—attractive, durable, and easy to keep spotless. All available wall area is utilized as continuous cabinet and drawer space.

The laboratory connects with the residence living room by a heavy door, insulated to keep out noise and odors. A master switch by this door controls all electricity in the office (except current for the laboratory refrigerator). By opening this switch at the end of a day, I can be sure that no sterilizers or other electrical equipment are left on.

It's worth repeating that the total payments for this home-office, including principal, maintenance, interest, taxes, and insurance, are less than I previously paid for office rent. And I've made valuable, practice-building use of the time I once wasted in commuting, parking, riding elevators, and running around the corner for lunch.

Medical mileage analyzed

M.D.'s make more yearly round trips by car than any other occupational group

The horse-and-buggy doctor had little reason to fear that his oat-burner would be put on a Government ration card. Contemporary physicians, however, face the possibility that current gasoline restrictions in Eastern Seaboard States may soon become more widespread and stringent.

Fortunately, a recent survey by the Automobile Manufacturers Association has shown the degree to which cars are now a necessary adjunct to the medical armamentarium. The facts revealed would discourage the most impassioned Government zealot from interrupting supplies of fuel for physicians' automobiles.

Some of the findings:

Nine out of ten doctors who own cars use them in their professional work. Their average annual mileage (12,932) tops that of any other occupational group, excepting commercial travelers. Average annual mileage in all occupational groups is 8,139 miles.

It was found that physicians lead all other groups in yearly number of round trips: 947 per car. Of these, 89 per cent are "necessity round trips," another category in which doctors lead all others. Thus for every time a doctor uses his car for recreational purposes, he uses it almost nine times professionally. Thirty-one per cent of the physicians surveyed make over 1,000 "necessity round trips" a year, while another 31 per cent make less than 400.

The distances covered by physicians in necessity trips are also highly variable. The average distance is 10 miles each round trip, but 19 per cent of the trips are of 25 miles or more. Trips for recreational purposes average 40 miles.

Doctors have newer cars than any other occupational group. A third of all physicians' cars are one year old or less, whereas only 12 per cent of the cars used by all occupations are a year old or less. Some 89 per cent of doctors' cars are less than five years old.

These figures, drawn from State and Federal authorities and supplemented by independent research, were published recently by the Automobile Manufacturers Association. There's some indication that the latter organization wished to show that drastic curtailment of car production might not be in the national interest. But this intent, if a fact, does not impugn the reliability of the Government figures cited.

The medical profession is clearly dependent on the automobile if it is to continue its services effectively.

What ails our hospitals

BY MILES ATKINSON, M.D.

✪ Hospitals, like the Sabbath, were made for man. The sole reason for their being is to provide a place where the sick person can be made whole. Hospitals are provided for the sick and their doctors, not the sick and the doctors for the hospitals. This seems obvious, but it is sometimes forgotten in these days when hospitals are struggling financially for a precarious existence.

A hospital is not like a factory. Patients cannot be put on an assembly line and run through a series of consulting rooms and laboratories, to come out cured at the other end. Each patient is an individual problem whose diagnosis is a craftman's job, not an artisan's.

Big hospitals—by which I mean those huge aggregates of buildings housing half a dozen amalgamated institutions—have many and grave disadvantages. The argument for them is that they are more economical and more efficient. They are certainly impressive, but their economy and efficiency are more doubtful.

To one accustomed to the hospitals of Europe, these palaces are breath-taking. The visitor from that impoverished continent gazes in awe at the seemingly numberless elevators, the lavish equipment, the profusion of secretaries, helpers, orderlies, which combine to give an impression of luxury beyond his wildest dreams. Walking down the broad corridors and coming on drinking fountains at frequent intervals, he is quite disappointed to find that they gush forth only cool clear water, not some rare Tyrrhenian wine.

From the medical standpoint, efficiency suffers in these big medical centers. Individual departments get so large that they begin to approach autonomy. The medical center is no longer a large general hospital, but an agglomeration of small special hospitals aggregated in one place, with all their objectionable features aggravated thereby.

The greatest of these is the one that applies to all specialism—the narrow viewpoint. In the general hospital of moderate size, all the staff know each other; they work

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"My views," says Dr. Atkinson, "will undoubtedly horrify some and disturb many. But the hospitals are in a parlous state and something very soon will have to be done about it." Dr. Atkinson, an otolaryngologist, is a member of the faculty of Cornell University Medical School and of the staff of New York Hospital. The views he expresses here are an approximation, in brief form, of an article by him in the August Atlantic Monthly. Readers are invited to submit their comments for publication in MEDICAL ECONOMICS.

together more as a family; there is a fusion into a homogeneous whole. The staff conferences of large hospitals are no substitute for the give-and-take of individual discussion.

It may be asked, is individual discussion not practiced in large institutions? Theoretically, yes; practically, less often. For one reason, the staffs are so big that half of them do not know the other half. For another, the distances are too great; to get from one department to another in these vast buildings requires time and a passion for geography.

These large centers have needed money so badly that they have been prepared to adopt almost any means to get it, and a certain shadiness has, quite unconsciously, crept into the methods of their management. Patients and doctors alike are being used to maintain as a going concern institutions the original intention of which was to supply their needs. This is a Gilbertian reversal of their *raison d'être*.

A practice connived at and even encouraged by some hospitals is the use of their out-patient facilities for consultations. A doctor not connected with the hospital has a case about which he wants an opinion regarding diagnosis and treatment. He sends the case to the hospital with a letter asking for this. The patient is sent to the appropriate department with his chart marked "Consultation Only." This means that the specialist who sees the patient is to give his expert opinion on the case. A letter is then written to the referring doctor embodying the results of the consultation, and the patient is returned to him to be taken care of. Now if the referring doctor is prepared to treat his patient as a hospital case without payment for his own services, there can be no objection, but usually the private doctor obtains for his patient the benefit of a consultation with a specialist *for nothing*. However, if that patient can afford to pay his family doctor for treatment, he can afford to pay the specialist *something* for a consultation. He should, in fact, be sent by his doctor to the specialist's office for a consultation at a reduced fee.

These are not the only devices used by hospitals to increase their income at the expense of the medical man. In the last twenty years it has become the practice in some institutions to employ a certain number of full-time salaried physicians whose duties are largely teaching and administrative. Instead of refusing to see private patients, or refusing fees if for some reason they are compelled to, these whole-time physicians often take fees and turn them over to the hospital, which applies the money toward its general expenses. Every consultation fee so taken by a whole-time man maintained by an institution is one less available to outside consultants who are dependent upon private fees in order to live.

On a par with this practice, though less obvious, is the practice of offering special all-in rates for obstetrical services, provided that the resident or some paid member of the hospital staff performs the delivery, or the supplying of resident or nurse anesthetists at cut rates. In each of these cases the individual physician is put into the position of competing against a large concern which can offer special rates, like the individual trader who has to compete with the chain store. It is a state of affairs that

merits serious thought, especially from those doctors who are averse to any form of socialized medicine, for many hospitals are practicing the latter already under the guise of voluntary service.

Another widespread practice that is generally accepted, though it is difficult to see why, is that of working the pathological laboratories and X-ray departments deliberately at a profit—the charges are such that income is higher than expenses. The difference, or the profit, goes into the funds of the institution.

The pharmacist too has a justifiable complaint against the hospitals. The wholesale drug houses all have a special hospital rate for drugs that is considerably below even the wholesale price the outside pharmacist must pay. The hospital pharmacy is thus enabled to dispense medicines to the poor at a very low rate, which is well and good, but to the better-endowed patients they charge a price approaching and sometimes even in excess of what would be paid outside. Thus both wholesalers and retailers are being forced to contribute, willy-nilly, to hospital funds.

In view of facts like these, which cannot be disputed, there is every reason for the feeling, widespread among farseeing members of the profession, that the doctors are not only held responsible for the medical care of patients but also relied upon to contribute to the financial support of the hospitals. Indeed, "forced to contribute" might be the better term, for he who kicks does so at the peril of being turned off the staff and refused the entree to an institution designed originally to help him.

The functional life of hospitals is rapidly lessening. Buildings erected two hundred years ago fulfilled their function efficiently for one hundred and fifty years; those that succeeded them are already out of date. The functional life of a hospital building today is estimated at no more than twenty-five to thirty years, and may soon be less if the rate of medical progress continues. What good, then, to put up palaces? Rather erect structures that will last efficiently their allotted span and can be torn down when their usefulness has ended.

Let them be smaller, and let there be more of them, scattered at many strategic points rather than congregated at one. With the exception of a few special hospitals, the policy should be decentralization. Not only would patients have shorter distances to travel, since each hospital would cater to its own area, but the waste of time in overcrowded clinics would be diminished. The objection from the doctor's point of view would be the time taken in getting to and from the different institutions, a serious consideration in a large city; but this could be eliminated by limiting the number of hospitals to which a doctor might be appointed. Such a stipulation would be a great help in several ways. At the present time in any large city the temptation is for a man to be on the staff of several hospitals, and his energy is frittered away among many rather than concentrated upon one. He, his work, and the hospitals suffer.

Such, then, is a general view of the hospitals, their plight and the reasons for it, with some suggestions for the future. The time has come for the large view, for the facing of facts, for drastic measures.

The incomes of specialists

Article twelve in a series based on the Survey of Medical Practice

Surgery is medicine's most lucrative specialty. But O.A.L.R. and orthopedics are climbing financially at the fastest rate.

These facts are from MEDICAL ECONOMICS' Survey of Medical Practice. The survey covers the year 1939 and is based on reports from 7,707 physicians. Among those who answered the questions on income were 1,400 full specialists and 2,030 partial specialists. On these cross-sectional samples the figures that follow are predicated.

Chart 1M shows the average annual gross incomes of full specialists. Roentgenology-radiology will be seen to top the list, followed, respectively, by surgery, O.A.L.R., and ophthalmology. At the bottom are anesthesia, neuro-psychiatry, and proctology, in that descending order.

Table 1M presents not only the gross incomes of full specialists but also, for purposes of comparison, the net incomes of full specialists and the gross and net of partial specialists. The section of this table dealing with full specialists shows clearly that although full-time practitioners in roentgenology-radiology enjoy the highest gross, the most lucrative specialty, as originally pointed out, is surgery, inasmuch as surgeons have the highest net.

Immediately below surgery on the net-income ladder come roentgenology-radiology, ophthalmology, O.A.L.R., and internal medicine. Neuro-psychiatry and proctology, along with pediatrics, are again on the bottom rungs—both in the full-specialists and partial-specialists groups.

Anesthesia is not so badly off. While in the full-specialists group it is third from the bottom in gross income, it is sixth from the top in net income. Reason for this is, of course, the full-time anesthetist's low overhead (only 26 per cent of gross).

In the partial-specialists group (still Table 1M), the order is slightly changed. Topping both the gross and net income columns is surgery, with orthopedics a close second. The third most lucrative partial specialty, on the basis of net income, is dermatology.

Table 2M incorporates what is perhaps the most striking set of figures in this article. It shows the trend of full specialists' gross incomes between 1935 and 1939. During that span, the gross of full specialists rose 19 per cent. That of all physicians, in the same period, rose 20 per cent, or practically the same.

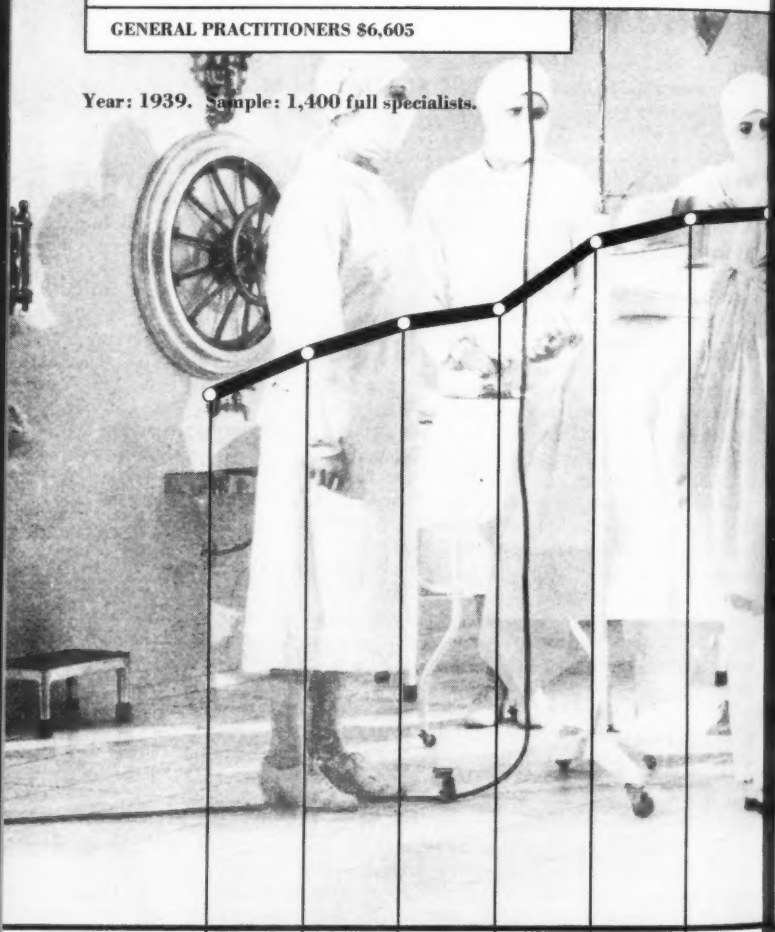
While surgery and roentgenology-radiology offer, respectively,

CHART 1M.-AVERAGE GROSS INCOMES O

ALL SPECIALISTS $10,057

GENERAL PRACTITIONERS $6,605

Year: 1939. Sample: 1,400 full specialists.



PROCTOLOGY $6,933

NEURO-PSYCHIATRY $7,451

ANESTHESIA $7,858

PEDIATRICS $8,018

DERMATOLOGY $8,919

OBSTETRICS-GYN. $9,273

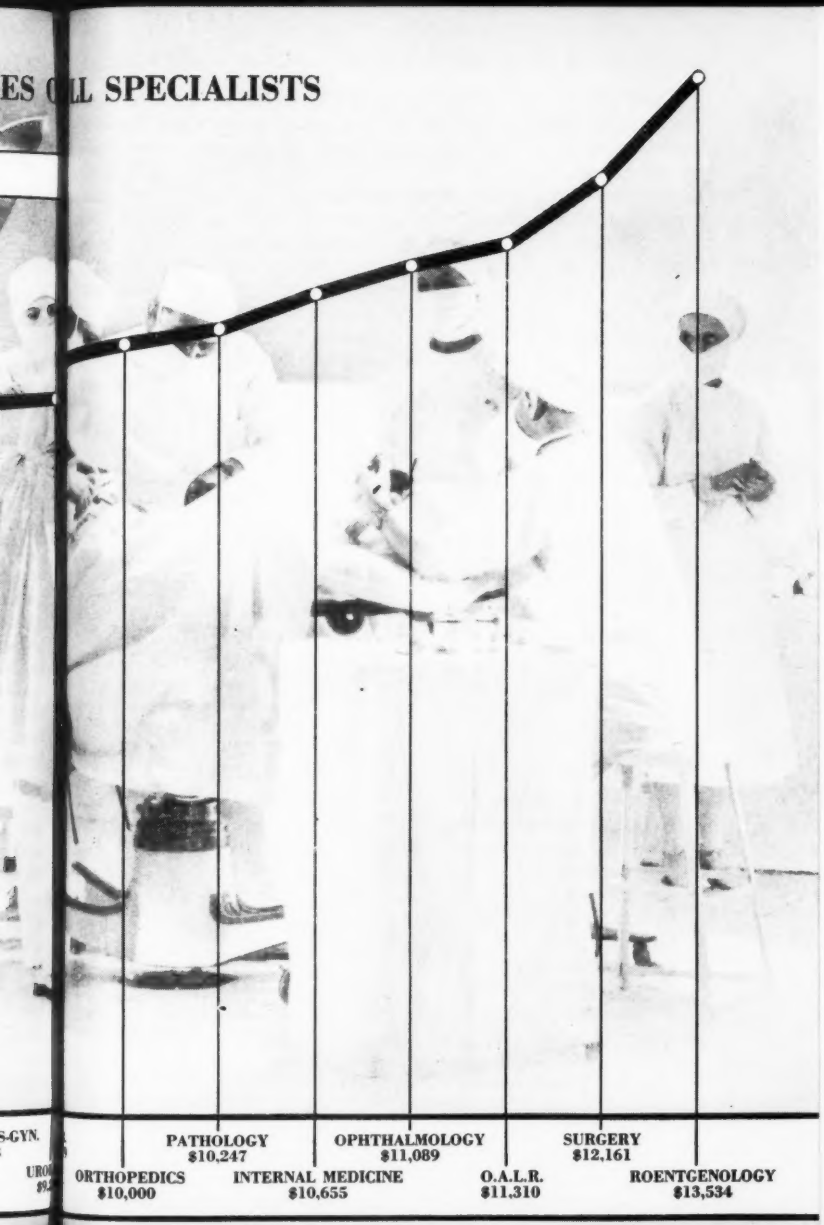

ES L SPECIALISTS
PATHOLOGY
$10,247
OPHTHALMOLOGY
$11,089
SURGERY
$12,161
ORTHOPEDICS
$10,000
INTERNAL MEDICINE
$10,655
O.A.L.R.
$11,310
ROENTGENOLOGY
$13,534

TABLE 1M
AVERAGE ANNUAL GROSS AND NET INCOMES OF SPECIALISTS

Full Specialists

	Gross Income	*Net income*	
		In dollars	*As % of gross*
Roentgenology-radiology	$13,534	$7,905	58%
Surgery	12,161	8,252	68
O.A.L.R.	11,310	6,337	56
Ophthalmology	11,089	7,475	67
Internal medicine	10,655	6,060	57
Pathology	10,247	5,741	56
Orthopedics	10,000	5,617	56
A.L.R.	9,879	5,472	55
Urology	9,299	5,617	60
Obstetrics-gynecology	9,273	5,734	62
Dermatology	8,919	5,462	61
Pediatrics	8,018	5,260	66
Anesthesia	7,858	5,810	74
Neurology-psychiatry	7,451	4,821	65
Proctology	6,933	4,111	59
All full specialists	$10,057	$6,184	61%

Partial Specialists

	Gross Income	*Net income*	
		In dollars	*As % of gross*
Surgery	$9,152	$5,729	63%
Orthopedics	8,980	5,422	60
Internal medicine	7,150	4,153	58
Roentgenology-radiology	7,126	4,077	57
Obstetrics-gynecology	6,897	3,987	58
Dermatology	6,592	4,405	67
Anesthesia	6,441	3,409	53
O.A.L.R.-A.L.R.-Oph.	6,077	3,640	60
Urology	6,045	3,667	61
Pediatrics	5,912	3,558	60
Neurology-psychiatry	5,894	3,855	65
Proctology	5,822	3,341	57
All partial specialists	$7,411	$4,507	61%
General practitioners (Excluding partial specialists)	$6,096	$3,619	59%

Sample: 1,400 full specialists; 2,030 partial specialists; 3,593 non-specializing general practitioners. Year: 1939.

he highest net and gross incomes, heir financial *trend*, is less spectacular. Percentagewise, the gross incomes of full-time surgeons did not increase appreciably more between 1935-39 than did those of all other full specialists. Gross incomes of full-time men doing roentgenology-radiology increased even less (12 per cent, as against 19 per cent for all full specialists).

Specialties whose upward gross income trend is sharpest are, respectively, O.A.L.R., orthopedics, ophthalmology, urology, and A.L.R. Again at the bottom of the list are neuro-psychiatry and proctology, the only two specialties which reveal a slump between 1935 and 1939.

Because national income has burgeoned like a weed in the last twenty months, there is good reason to believe that doctors' incomes have done likewise. This makes the trends in Table 2M still more significant.

Further information about physicians' incomes appears in an article in MEDICAL ECONOMICS for September 1940. The latter, also based on the Survey of Medical Practice, reported the incomes of all physicians (not specialists alone) and cross-analyzed them according to the location, age, and training of the respondents.

—WILLIAM ALAN RICHARDSON

TABLE 2M
TREND OF FULL SPECIALISTS' AVERAGE ANNUAL GROSS INCOMES

	1935	*1939*	*% Increase*
O.A.L.R.	$ 7,747	$11,310	46
Orthopedics	6,869	10,000	46
Ophthalmology	8,234	11,089	35
Urology	7,143	9,299	30
A.L.R.	7,645	9,879	29
Pediatrics	6,638	8,018	21
Surgery	10,149	12,161	20
Internal medicine	8,947	10,655	19
Dermatology	7,774	8,919	15
Anesthesia	6,839	7,858	15
Obstetrics-gynecology	8,158	9,273	14
Roentgenology-radiology	12,128	13,534	12
Neurology-psychiatry	8,076	7,451	7*
Proctology	7,417	6,933	7*
All full specialists	$ 8,446	$10,057	19%

Sample: 1,400 full specialists in 1939; 1,017 (approx.) in 1935.
*Decrease.

Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

✪ Anesthetist Vronetz's paper on "Recent Developments in Anesthesia" began, for private reasons, with pre-historic practices, and dwelt thereafter on each succeeding era. After the first quarter-hour, my neighbor Halsie settled himself more snugly in his seat, found a comfortable headrest, and just before lapsing into slumber turned toward me and said: "First-rate anesthetist, that fellow. No ether, no novocaine, and here I am going into third-stage anesthesia. Such delightfully smooth induction. . ."

* * *

For three years we had been anticipating the rupture of Louis Buono's aortic aneurysm. At each succeeding visit to the clinic the pulsating mass appeared to have less and less to hold it in. Louis, unconcerned, was merely pleased at all the attention paid him. and went on with his own business.

In the morgue this morning, I saw Louis dead—not of his aneurysm, but of his business. In the course of legitimate competition, a .38 slug had passed through Louis's sternum, skirted the aneurysm closely, and caused solution of continuity of the innominate artery.

* * *

Interne Frazen's flair for hyperacute observation is an especial trial during the warm weather. He makes much of minutiae, and is delicately attuned to shades of distinction not perceptible to duller mortals. A five-millimeter difference in the circumference of a pair of legs is a matter of real excitement to him, and I have hurt him deeply by banishing a pericardial friction-rub with a little water on the patient's

precordial hair. He counts the day lost that does not yield two or three tracheal tugs, and a patient is presumed guilty of pulsating retinal arterioles until all the rest of the staff fails to see them. He it was who, at the tender age of 25, recorded for the first time in history an Argyll-Robertson pupil in a glass eye.

* * *

Dr. Jay Libby, the inveterate therapist, has for twenty years prepared his wife for life's occasions with appropriate pharmaceutic tidbits. He gives her quinine for her trips to Florida, Blaud's pills when she cuts her finger, elixir of pepsin before the annual county society dinner. During an evening of bridge, 10 mg. of amphetamine inside Mrs. Libby is worth dollars to the doctor.

Dr. Libby himself cannot be persuaded to take so much as an aspirin tablet for his agonizing migrainous headaches. "I like my physiology to remain unmodified."

* * *

Mac Snyder's comprehensive alopecia may not have been an asset during his life, but it did do something for him afterwards. The pathologist couldn't do the brain examination because there wasn't any hair to keep the restorative stitches from showing.

* * *

Frederick Bainter has been a difficult problem—and not only from the medical standpoint. In the first three days of his hospitalization he reduced two hard-boiled nurses to tears, banished his wife for the duration, and emptied a pitcher of water on the orderly. Today I walked in to find him cozily puffing on his pipe inside his oxygen tent, and knew for a hectic moment the feelings of men who dig out and remove delayed-action bombs.

Afterward, I explained to Mr. Bainter the adventurous affinities of oxygen and fire; also the advisability of changing to some other physician who liked rugged individualism in his patients. He looked surprised and, perhaps for the first time in his life, a little sheepish.

"Hell, Doctor—you make me out a bad boy. Why I've smoked a pipe for thirty years, and in all that time I never knew it to draw so well."

* * *

Among my patients, several amateur students of medicine do their own scientific reading and, having only themselves as patients, appear to find plenty of time for it. They use me more or less as a foil, to test their conclusions on.

Witness Mr. Qualen, whose anginal syndrome has led him deep into cardiologic lore. When I interdict the excessive use of tobacco, he takes a stand:

"Now, Doctor, I suppose you're concerned about the vasospasm caused by smoking. You also say my drinking is bad for me. Yet surely you are aware that whiskey is a vasodilator. Whenever I indulge in another cigar, I just take a few drinks and make up for it. Two and two is still four, you know. . ."

* * *

"Hey, Doctor! The interne here won't give me a pass. I've just got to go out this afternoon, and I don't want to lose my bed. I've heard so much about your zoo in this town that I made up my mind to see it. Say it's all right, won't you? Just write down I went to see my relatives. . ."

To
LOCAL DRAFT BOARD DOCTORS
from the Editors of Medical Economics
A Message

✪ "It is high time for an expression of opinion on the subject of payment for physicians serving as medical examiners for local draft boards. In cases like my own, when as many as three hours a day six days a week are taken up with examinations of draftees, some remuneration should most certainly be forthcoming. I urge you to circulate a questionnaire among draft board doctors, asking their opinions in the matter."

The foregoing letter was received by MEDICAL ECONOMICS from a general practitioner in Wisconsin. It is typical of a number that have arrived in recent weeks.

Because of current interest in the matter of payment for local draft board examiners, MEDICAL ECONOMICS has agreed, as a service to readers, to devote space to an exchange of facts and opinions on this controversial issue. Following is a list of questions which local draft board doctors are invited to answer. The more enlightening comments will be published.

After you have filled in your answers, simply tear out these two sheets and mail them to MEDICAL ECONOMICS, Rutherford, N.J. YOU NEED NOT SIGN YOUR NAME. Even if you do so, YOUR IDENTITY WILL NOT BE REVEALED IN ANY WAY.

1. How many hours a month do you spend examining draftees?. . . . . .

2. Is your present volume of draft board examinations such that you believe you should be paid for doing them?. . . . . .
   Why?

3. Which of the following do you think should be done? (Check one.)
   A. *Do not pay* local draft board doctors; but *spread the work* among more private physicians, thus easing the load upon all. . . . . .

IF YOU NEED MORE ROOM FOR YOUR ANSWE

B. *Pay* local draft board doctors and *do not spread the work* among more men. . . . . .

C. Relieve private physicians of this responsibility and *assign the work to army doctors.* . . . . . .

D. *Make no change* in the present arrangement. . . . . .

Why do you think that what you have checked should be done? (If you believe something else should be done, please state what, and give your reasons for it.)

4. What disadvantages are there, if any, in paying private physicians for examining draftees?

5. What disadvantages are there, if any, in distributing the work among more or fewer doctors?

6. General comments:

ASE ATTACH ANOTHER SHEET.

I'm in the army now!

BY LIEUT. TED F. LEIGH

This is the personal history of a doctor on active duty with the 102nd Medical Regiment, U.S. Army. It is set down here just as Lieutenant Leigh recorded it in his note book. Four previous installments covered the period from Jan. 10 through May 20.

ON MANEUVERS, MAY 21

✪ Today our company covered the 140 miles from its regular base at Fort McClellan and is now "somewhere in Tennessee," where we're preparing for the large-scale maneuvers which begin June 2.

The convoy left McClellan at 7 A.M. and included sixty-two trucks, ambulances, command cars, station wagons, and motorcycles, stretching out about three miles. I rode in an army station wagon which, appropriately enough, was preceded by the gasoline supply truck and followed by the repair truck. Motor convoys, like those at sea, cannot travel faster than their slowest unit. Twenty-five miles per hour is a good average on a long trip in daylight.

Of our 102nd Medical Regiment, only companies C, F, and I came up today. We're using a shuttle system to overcome a shortage of transportation facilities, and it will take a week for the whole regiment to get here. The three hospital companies are to set up at intervals along the road to admit march casualties.

Until June 2, we'll be taking it easy. Some drill, some marching, and a lot of swimming, games, and free time.

MAY 22

Maneuvers are just like an interne ship—one puts his training to prac tical test, in preparation for th real thing later on. Actual war con ditions are simulated as closely a possible. The opposing armies ar designated Red and Blue and, cor respondingly, soldiers wear red o blue bands on their hats.

The officers who decide the out come of the battles are called um pires, and they've been getting in struction in their duties for several days. Here, briefly, is how they work: While a battle is actually in progress, it is stopped by the um pires and all dispositions of troop and material are reviewed. Figured in the scoring are such facts as suc cessful flanking movements, num ber of prisoners taken, accurac and coverage revealed by artiller firing data, adequacy of communi cations, and so on.

MAY 23

We are camped twenty-five mile from our maneuver destination. N one is allowed in the maneuver are until May 26.

The boys have already found swimming hole (it's the first thing they look for). Captain Ted John son and Lieutenants Jervey, Fe kaney, and I amused ourselves wit

Military medicine—emphasis on military. Capt. Ted Johnson, compass in hand, maps the strategy which his collecting company will follow in war games.

game of bridge tonight. We play cross between contract and auction, I think.

AY 25

ve been named as billeting officer r the medical regiment. So today met with billeting officers from e other regiments to select suitble field locations for our men bere maneuvers begin.

The designated area is a large asture field with a long sloping ill, a few shade trees, and a gully unning through the bottom. I drew diagram and placed the regiment s conveniently as possible. This volved allocation of the ten comanies (one headquarters, three colecting, three ambulance, and three earing companies) with their shelr tents for personnel; kitchens and latrines; large ward tents for the hospital companies; three battalion headquarters' tents; regimental headquarters' and staff officers' tents; a regimental supply office and message center; the motor pool (vehicle parking space, gas dump, mechanics' quarters, and repair section); and the canteen (supply-store) for the enlisted men. Our companies will hike the fifteen miles over here tomorrow from their present location.

About 600 square miles have been designated for the maneuvers, but not all of that land will be in use all the time. Private owners will be compensated at the rate of $1 per acre per day.

The Surgeon's Adjutant from the hospital at nearby Camp Forrest

tells me that about sixty violent deaths may be anticipated among the 60,000 men who will take part in these exercises. The estimate is based on averages from past maneuvers.

MAY 26

Right on top of what the adjutant told me yesterday comes the sad news that one of our Company C men was drowned this evening. He had disobeyed orders and had gone bathing in the creek at a place distant from the rest of the men. His cries for help were answered, but it was too late.

MAY 27

Officers are allowed to bring a foot locker (small steamer trunk which opens top-wise) along on maneuvers. Mine is packed with three pairs of pants, five shirts, underwear and socks, a trench coat, extra pair of shoes, toilet articles, the Military Medical Manual, magazines, and stationery. Other odds and ends can be wrapped in the bedding roll. When we "go into action," of course, only bare essentials go with us. The rest is stored behind the lines.

MAY 28

Today, along with several other lieutenants, I assisted the Division Sanitary Officer, Major Ward, in his inspection of the field sanitary appliances set up by the various regiments of the 27th Division. We checked the kitchens, improvised ice boxes, garbage disposal apparatus, and latrines. Only complaints in my written report on the 106th Field Artillery's set-up: Several company latrines not properly kept, and too many flies in the kitchens. Inspections will be repeated daily for a while.

JUNE 1

From tomorrow until June 15, three infantry divisions will be engaged in actual battle maneuvers. Individual battles—problems, as they

CALLS FOR DR. JOHN WARREN

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SU
8:30 A.M. 10:30 A.M.	U. S. Manufacturing Company Angell 2-7800						
10:30 A.M. 11:00 A.M.	An.2-6140			Clinic An.2-7878	An.2-6140		
11:00 A.M. 12 M	Board of Education An.3-6000, Ext. 18		School 16 An.3-6000 Ext. 16	Board of Education An.3-6000, Ext. 18		An.2-6140	
12 M 1:00 P.M.	Residence: An. 2-6140						
1:00 P.M. 2:00 P.M.	Office: 6060 Franklin Street Angell 6-1881						
2:00 P.M. 3:00 P.M.	School 21 An.3-6000 Ext. 30	Jr.High An.3-6000 Ext. 24	Vocational An.3-6000 Ext. 74	School 12 An.3-6000 Ext. 15	An.2-6140		
3:00 P.M. 7:00 P.M.	Residence: An. 2-6140						
7:00 P.M. 8:00 P.M.	Office: 6060 Franklin Street Angell 6-1881						
8:00 P.M. 8:30 A.M.	Residence: An. 2-6140						

ed—last two or three days. Each sion, of course, has its artillery, ineer, quartermaster, and medi- regiments in addition to in- try. The 5th Division, from Fort ster, Mich., is part of the regular y (with some draftees). The h Division is from Fort Jackson, , and will join our 27th Divi- n as the Blue forces against the Division, or Red army.

ll these divisions are motorized. t is, they ride to their stations, do not go into battle in motor icles. An armored division, on other hand, actually fights its le in tanks, armored cars, etc.

Beginning June 16, the 2nd Ar- ed Division from Fort Benning, will take on the infantry di- ons. The 2nd calls itself 'Hell Wheels,' which is short for a ring cavalcade of 400 tanks, 0 trucks, reconnaissance cars, torcycles, and other ominous hines. Coordinated movements between air and ground forces will be tried for the first time.

General Haskell, in command of the 27th, has posted a reward of $25 for the capture of the opposing general. This may sound like a meaningless prod to morale, but it's a fact that a general was legitimately captured in a recent field exercise at McClellan. To be sure—and fortunately—it's the exception rather than the rule.

JUNE 3

The "war" is on.

My company is held in reserve temporarily. No news from the front yet.

Meanwhile, cases of diarrhea have been reported from all over the division. By tonight, Clearing Station H (hospital company for the whole division at present) has over 200 admissions—including me. Thirteen ward tents are up.

Etiology of this wave of sickness has not been determined. Some charge it up to poor sanitary conditions, others to imperfectly purified water from the river. National Guard officers who have been on Summer maneuvers in other years say it's nothing new.

JUNE 6

The clearing station had to move up to a new position two days ago to serve the embattled forces, and all patients were either discharged or transferred the twenty miles to Camp Forrest Hospital, in the officers' ward of which I now repose. Again I note how army nurses get a royal rush from men and officers alike. Can't see why every single civilian nurse wouldn't want to join for a year on the probability of getting a husband and being choosy about it.

The hospital, I find, is harder to get out of than to get into. Since

ysician's time-table

lysician with several school dustrial appointments besides rate practice uses the chart opposite to help persons lo- m at any time. The places, numbers, and times of his routine are mimeographed on iter-size paper. Copies are dis- d to switchboard operators at oint on his route, to colleagues spitals, and to those of his pa- who might want him in an ency.

ost indispensable for a doctor n intricate schedule, the idea ptable for practitioners with r hospital, clinic, and office Cost of mimeographing such a ble is low.

I've been here I've felt fine, but they wouldn't release me the second morning because I hadn't been in for twenty-four hours. And when I am discharged, my records must go through to the major, and that takes another twenty-four hours. Well, the beds are soft.

JUNE 9

Back with the regiment. We finished our first problem this afternoon, so time's our own tonight. Ordinarily there's a day or two between battle problems, during which the high command studies strategy for the next moves and the lower ranked officers and men make up things to do.

As a unit of the 53rd Brigade Combat Team, Company C rendered medical support to the infantry and artillery regiments in action. We didn't have to simulate battle casualties, because the cases of diarrhea kept us busy doling out paregoric and bismuth, and sending those hardest hit to the clearing station about five miles back.

JUNE 12

Tonight we had some real *Blitzkrieg* drama. For the first time in U.S. history, a simulated bombing raid on a blacked-out city took place.

Shelbyville, Tenn., scene of the test, is typical Americana—a town square featured by the county court house, and an outlying residential district of old Southern homes. A small river skirts the business section. All the townspeople had been warned by leaflets to expect a little bit of make-believe war tonight.

Our medical companies are camouflaged in a thicket three miles from town. One of the radio networks broadcast a blow-by-blow account of the raid, which I picked up over a portable radio. At 9:35 enemy planes (from Fort Benning, Ga.) were reported over Chattanooga; five minutes later we heard the Shelbyville fire siren screeching. Then, faintly, came the drone of bombing planes. Before we knew it they were overhead, though too high to see. No searchlights were used. Sharp cracking of anti-aircraft guns was heard over the radio; then came the high-pitched sound of defending planes, and the bombers were driven off. Theoretical damage still undetermined.

JUNE 14

We're on the move again, having pitched (erected) and struck (dismantled) our collecting station three times in the last twenty-four hours. Our movements depend entirely on the brigade's advances and (never say "retreat"!) withdrawals. We normally keep about a mile behind the MLR (main line of resistance). Communications are fearfully important, and if things go wrong there's hell to pay. We have lost men for as much as two days at a time on these maneuvers.

JUNE 15

The 2nd Armored Division comes into the picture today.

With tanks rolling off the assembly lines in large quantities, the division is well equipped, and has that striking power which our army so greatly needs right now. In the two weeks ahead, tanks, infantry

[*Continued on page 90*]

MALPRACTICE COVERAGE: Some physicians have chosen to cancel their malpractice insurance during their service in the army or navy. Your insurance company will probably refund the amount of premium unearned at the date of induction.

They practice public speaking

Philadelphia doctors profit from collective criticism on platform, radio techniques

A unique course in public speaking, in which doctors acted both as students and critics, has recently been completed by members of the Philadelphia County Medical Society. Though guided by public speaking instructors, this course was not merely a lecture on lecturing. Instead, at each meeting participants themselves gave short talks and then listened while their techniques were criticized by colleagues. The class proved to be so popular that its members still meet informally to improve their skill.

Late in 1940 the society's directors approved plans for the course, which was divided into two "semesters," one on platform speaking and the other on radio technique. For an honorarium of $100 apiece, a faculty member from the University of Pennsylvania and a radio expert were hired to guide instruction. About fifty doctors took the course, which was given without charge. Weekly meetings of an hour each were held for eighteen weeks.

During the sessions a physician-student would speak for a few minutes, either on a prepared topic or impromptu. Acting as a make-believe lay audience, his colleagues and the instructor listened analytically. Later on, the merits and defects which listeners had spotted were brought up in general discussion. Constantly hammered home were such fundamental matters as preparation of material, clarity of enunciation, platform poise, and avoidance of technical terms.

After eight sessions on platform speaking, the class moved on to radio technique. Here the same basic points were emphasized, together with such additional problems as voice control and microphone proficiency. To insure the use of informal, conversational diction, prepared manuscripts were discouraged. The society's public address system was used to give students a sense of being on the air. The course wound up with instruction on other broadcasting procedures, including question-and-answer programs and panel discussions.

Interest remained so high after the course was over that the physician-members decided to keep on studying. They elected their own officers, named themselves the Speakers' Group, and voted to hold semi-monthly meetings. Encouraged by the increased number of good speakers already available for its speakers' bureau, the county society is planning further courses. At least two benefits are envisaged: better public relations for the profession, and wider support of health education programs.

One more rare print for his pictorial history of medicine comes under Dr. Bettmann's Leica.

Medicine's photo-historian

Otto Bettmann, Ph. D.

✪ When word of the Dionne quintuplets first crackled over the wires seven years ago, newspaper editors sought to wring all they could from that classic human interest story. Reporters queried physicians, scanned medical records, and thumbed through picture files. No picture-minded editor dared hope that illustrations of a medical precedent could be found.

Soon, however, a newspaper syndicate received pictorial evidence that the family suddenly born to the Dionnes wasn't a medical first. The proof was a photographic copy of an etching, sent to the syndicate by Dr. Otto Bettmann, of New York City. The print showed a scene of excitement in the home of a Dutch fisherman when, on Jan. 5, 1719, his wife presented him with five

baby girls. Dr. Bettmann had selected it from the more than 20,000 items which constitute the Bettmann Archive.

This archive is among the most complete pictorial collections of its kind in the world. If you express a wish to see a picture history of, say, crutches, ambulances, fever cures, cod liver oil, or operating tables, Bettmann can quickly whisk out a file of prints tracing that topic's history.

Otto Bettmann (who is a Ph.D., not an M.D.) revealed his picture-collecting propensity when he was a boy of fifteen in Leipzig, Germany. He gave his surgeon-father a birthday present called "A Pictorial History of Medicine, as Compiled and Edited by Otto Bettmann Jr." The illustrations in this youthful opus were later found to have been systematically scissored from his father's extensive medical library.

After college studies in the history of art and rare books, Bettmann worked as director of the Rare Book Department in the State Library of Berlin. Still keenly interested in medical history, he was struck by the multitude of medical facts to be learned from non-medical documents.

Old editions of the Odyssey were decorated with drawings which yielded information on early methods of surgery and bandaging. Chinese travel books graphically showed the therapy of moxa burning. Calendars for the use of barbers supplied detailed information on the practice of bloodletting. With such untapped sources of material before him, Bettmann determined to collect historical medical prints as a hobby.

Before long the hobby had taken him, armed with a Leica and professional copying equipment, to fifteen countries in the search for more medical prints. To add to a pictorial history of crutches, he toured Southern France making photos of odd types of crutches left behind at shrines.

Sometimes the hunt had to be guided by shrewd guesses, as in the case of a picture needed for a classification on rheumatism and gout cures. Since sulphur was long considered a cure for rheumatism, and because Sicily was one of the earliest known sources of sulphur, Bettmann scoured the island for his picture. Finally, in a text which was gathering dust in a museum, he uncovered an ancient drawing which showed rheumatic sufferers taking their sulphur showers in the island's wells.

Because prints which related to medicine were almost always connected with other phases of cultural development, Bettmann found that the original medical file was expanding toward a comprehensive photo-history of man's occupations and industries. So detailed has the collection since become that Bettmann was recently commissioned to provide the illustrations for a twenty-volume world history.

As the file grew to archive proportions, an intricate system was evolved for recording each picture. Chief reason for the complexity of the task is that a single picture often gives data on a half dozen different topics.

Thus a picture showing the first recorded blood transfusion (the blood was supplied by a lamb) is listed under Famous Medical Firsts. But it's also cross-listed under categories dealing with doctors' costumes, animals in medicine, doc-

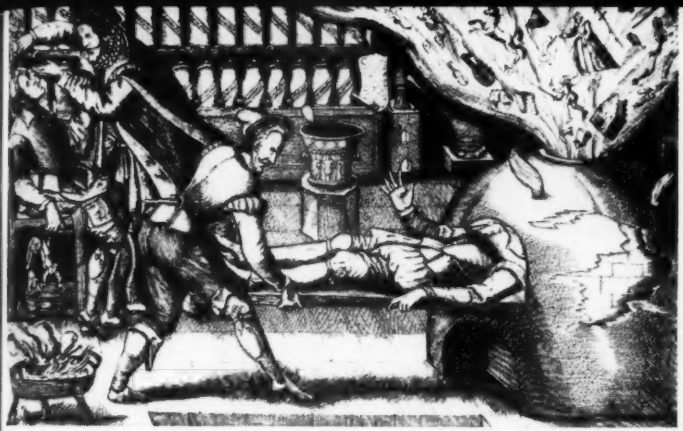
tors' offices, and operating tables. And since in this instance the experimenter was Christopher Wren, it is also filed under Laymen as Medical Innovators. In all, there are in the medical index over 120 separate classifications, from Anesthesia to Zodiac.

Each find goes through thirty separate operations before it is completely filed. Basically, this technique begins with a Leica negative of the illustration. Then, for each category under which the subject may be cross-indexed, a duplicate miniature print is made and affixed to a file card. Code numbers, cross-index references, authentication, and descriptive information about the original illustration are added to the card. Larger sized prints are made and filed separately. Master lists of the various categories and their contents are revised to include the new item —and so on, until the record is complete.

When Bettmann arrived in the United States more than seven years ago he brought the entire collection neatly stored in steamer trunks. At present the pictures are compactly contained in four standard-sized office files, a fact which sometimes disappoints Bettmann's visitors. Conditioned by the word archive, they [*Continued on page* 66]

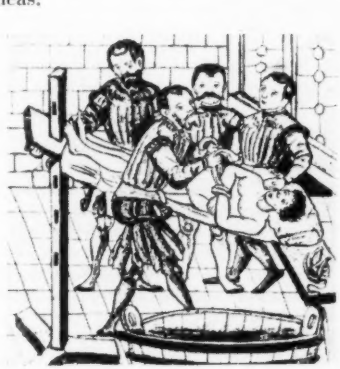
As far back as 1903, physicians used portable X-ray sets. Scene above shows the doctor's assistants rigging up wire connection between his automobile storage battery and X-ray apparatus in the patient's room of a fashionable,—but unelectrified—New York home.

The scale, indispensable implement of medical practice, is shown (right) in a complicated version used by the celebrated Paduan, Professor Santorio Santorio (1561-1636), for experiments in the physiology of metabolism. Santorio is here measuring, after a meal, what he called "insensible perspiration."



Medical equipment. Centuries of progress in the development of medical equipment are reflected in these Bettmann Archive photoprints from rare historical texts. The small prints depict actual steps in this progress. Print above shows daydream of a 17th century psychiatrist, a brain cleaning device to cure inflated fantasies by chasing away half-baked ideas.

Tranquilizer for a nervous patient, invented by Benjamin Rush (1745-1813). Resembles a device used centuries before by a Greek neurologist who relieved a patient's obsession of being headless by having him wear a heavy tin cap.



Adjustable physician's operating table, circa 1557. A definite refinement in an age of crude medical devices. Patient is bound. The drawing is taken from the manuscript of a contemporary surgeon's text on hernia treatment.

usually expect to find rooms stacked high with musty documents.

After the quintuplet incident, advertising agencies and publishers began calling on the collection for unusual pictures. Several advertisements have been built around old prints secured from the archive. Scholars who wish to illustrate texts or lectures with authentic pictures are another group to make use of the archive. A number of physicians have started their own collections as a result of interest stimulated by the collection.

Of the projects now under way, Bettmann is most enthusiastic about his rapidly growing history of the American country doctor. Before this collection-within-a-collection is complete, he expects to have combed picture sources in every State in the Union. New England has already been the scene of a hunt for old mail-order catalogues published by early American surgical supply houses.

Although the medical collection amounts to an *iconographica medico*. Bettmann feels that his aim is not that of a cyclopedist. His avowed purpose is to revive the past in visual terms. Judging by some of the murderous medical techniques which he has found reproduced, it's a past which few would wish to revive except in pictures.

—CLIVE HOWARD

Tips for moving day

✪ Moving day usually signifies a time of confused and frenetic disorder. But if you're one of those who make careful advance plans, moving can be a smooth, efficiently executed maneuver. Here are a few hints toward that desideratum:

Since most movers charge by the hour, it's only good sense to be fully prepared for their arrival at your office or home. Which means that rugs should be rolled and tied; framed diplomas and pictures stacked in newspaper sandwiches; books fitted into substantial wooden cases; cabinets and desk drawers emptied of equipment. You'll find it satisfactory to leave only linen or clothes in drawers, and those tightly packed.

Don't forget to lock, tape, or tie all drawers shut; it's an unhappy thing to see drawers cascading out while some muscular mover waves a bureau over the sidewalk. If you're moving personal belongings, better send clothing in tall garment bags; suitcases are less satisfactory. It's wise to forego any attempt to pack lamps.

Before the hegira begins, make a sketch of the floor plan of your new quarters, and on it assign each room a distinctive color. Then label each bulky piece of equipment or furniture with a tag corresponding to the indicated color of the room it's to go in. If the movers know where things go, you won't find yourself forced to puff around with a treatment table that belongs elsewhere.

Another simplifier is to keep a record of what goes into each packing case or barrel. Idea, of course, is that you can unpack at leisure; if anything is urgently needed, the case in which it was moved can be easily located. Otherwise there's danger you'll have to rummage through two cases of books to find a suddenly called-for case history.

It's a poor economy to pick a cut-rate moving concern. Choose a company whose huskies are bonded. If this is impracticable, insure yourself against damage in transit. Such insurance policies are inexpensive; the premium is around $2.50 per $1,000.

$3,200 and a chance to save

The CCC needs camp physicians. Here are facts on salaries, duties, and living conditions.

The Civilian Conservation Corps is in the market for physicians.

According to Washington reports, there is a pressing need for doctors to fill openings in the nation's 1,100 CCC camps. According to men who have held these jobs, a CCC medical appointment has one especial advantage: It often permits a young doctor to save enough money to launch himself comfortably in private practice.

In capsule form, these are the facts: Salary: $3,200 a year full time; $1,500 part time. Duties: medical care of about 200 men, plus miscellaneous preventive work. Qualifications needed: graduation from a class A school, a license to practice medicine, and good physical condition. There are no age restrictions.

The drawback most often put forward concerning a CCC medical job is the fact that there is little opportunity for wide medical and surgical experience. Outdoor work and extensive preventive measures combine to keep the average CCC sick list low.

CONTRACTS

Until mid-1939, physicians for the CCC were chosen from the medical reserve of the army and navy. At that time, however, a Presidential order placed these jobs on a civilian basis, and stipulated that physicians were to be hired by contract.

A CCC contract can be terminated by either the physician or the Government at any time. As a rule, it runs for six months. If a doctor proves satisfactory, his contract is renewed at similar intervals.

LIVING QUARTERS

Regulations require full-time CCC physicians to live in quarters provided on the camp grounds. Wives and families are not permitted to live within camp boundaries, and a married physician must quarter his family outside at his own expense. However, acceptable lodgings can often be found fairly close.

A part-time CCC doctor usually maintains a home and private practice in a nearby community. He is required to visit the camp daily, and to respond to emergency calls.

LIVING EXPENSES

The cost of living in a CCC camp is remarkably low. A room in the officers' quarters (including orderly service) costs but $5 a month. This charge is automatically deducted from the monthly pay check. The mess bill averages about $10 a month.

EXTRA INCOME

In many localities a camp physi-

With a practice averaging 200 husky young men like the driller shown above, the CCC physician's job is mainly preventive medicine and accident care.

cian has opportunities to supplement his income by doing civilian emergency work. Frequently camps are situated near lumbering or mining operations, where numerous emergency calls originate.

Regulations forbid competition with civilian practitioners. The CCC physician must refer patients to a local doctor following first-aid treatment, but may charge for the latter.

DUTIES

The duties of a camp physician consist of:

1. Responsibility for the care of the camp's sick and injured.
2. Advising the company commander on the health of the command and sanitation of the camp.
3. Responsibility for obtaining authorized medical supplies.
4. Rendering periodic reports.

Additional duties include vaccinating new enrollees and inoculating them against typhoid. The doctor also gives a weekly food-handlers inspection; a weekly or semi-weekly first-aid class; and a monthly inspection of the entire

company for venereal disease and pediculosis pubis. He sends a monthly drinking-water sample to the State health department. Finally, he gives all enrollees a physical examination every three months.

Sick-call is held once or twice daily, usually after breakfast and before supper. Generally about seven or eight enrollees apply for treatment each day.

DAILY SCHEDULE

Breakfast is usually served at 6:45 A.M., and sick-call is completed by 7:30. Later the doctor makes a sanitary inspection of the entire camp, requiring perhaps thirty minutes. From then on the daily task is comparatively light, save when emergencies arise. The enrollees return from work at 4 P.M., supper is at 5, and that ends a day's work.

Daily, weekly, and monthly medical reports must be submitted. Under the doctor's supervision, these reports are filled out by a "dispensary attendant," an enrollee assigned to assist the camp physician.

EQUIPMENT

Every camp contains a dispensary, with a treatment room, office, isolation room, toilet and shower, and a general ward. The latter is usually large enough for six to ten beds. There's an assortment of surgical instruments which permit almost any operation from tooth-extraction to laparotomy.

HOSPITALIZATION

Major medical and surgical cases are sent to a military hospital. However, if the transfer would jeopardize the enrollee's safety, use of a civilian hospital is authorized.

CCC ORGANIZATION

Although under the supervision of the War Department, the CCC is not a military body. However, army regulations are the guiding rules, especially in regard to preventive medicine.

In the average camp, five or six barracks afford sleeping quarters for the enrollees. Other buildings include the camp headquarters, dispensary, mess units, and a recreation hall. Most camps provide a variety of recreational and educational facilities, and libraries.

The enrollees' work covers trail-building, bridge and road construction, soil conservation, and flood and fire control. This work is supervised by experienced foresters who usually live in camp and share officers' privileges.

The CCC officer personnel consists of a camp commander, a subaltern, an educational advisor, and a camp physician, all of whom are civilians.

VACATIONS

For each month of duty, CCC officers are granted two and one-sixth days leave of absence with pay. This time is exclusive of Sundays, half-Saturdays, and national holidays. There is also an annual allowance of fifteen days sick leave with pay, which may be accumulated from year to year.

CONCLUSION

The job of CCC physician has the prime merit of fattening a scrawny savings account, and of permitting a good deal of leisure-time study. Within its limitations, it is also a pleasant life, though there is only a restricted chance for broad medical experience. If you are interested in a CCC position, write to the commanding general of the corps area in which you wish to work.

—HARRY C. LEAVITT, M.D.

CLINICAL CHART of the FOOD PROCESSING COMPANIES

	*Sales**		*Net earnings**		*Earnings per share*		*Dividends*		*Capitalization*		
	1940	1939	1941‡	1940‡	1941‡	1940‡	1941†	1940	Funded Debt	Preferred	Common
American Chicle	$16,337	$14,925	$1,805	$1,899	$4.16	$4.36	$4.00	$6.50	none	none	434,325
Beech-Nut Packing	23,508	22,237	2,562	1,827	3.57	3.34	3.75	6.25	none	none	437,524
Borden Company	216,795	208,789	x7,582	y7,979	x1.72	y1.81	0.60	1.40	none	none	4,396,704
California Packing	z61,973	z59,441	z2,693	z3,295	z2.64	z3.26	0.50	1.00	$7,500,000	59,989	965,073
Corn Products Refining	59,523	56,155	4,878	4,407	1.59	1.40	2.25	3.00	none	245,738	2,530,000
General Foods	152,924	145,615	7,519	7,352	1.37	1.34	1.50	2.00	none	150,000	5,251,440
General Mills	125,574	121,943	x5,639	y6,451	x6.61	y7.69	1.00	4.00	none	221,473	665,054
Hershey Chocolate Co.	44,179	39,845	3,279	2,513	3.86	2.83	2.25	3.00	none	253,844	685,749
Mead Johnson	8,105	7,707	x1,676	y1,814	x9.44	y10.27	5.50	4.50	none	170,000	165,000
National Biscuit	96,149	90,965	5,283	5,214	0.70	0.69	1.60	1.20	none	248,045	6,289,448
National Dairy Products	347,410	320,656	x11,094	y12,494	x1.66	y1.89	0.40	0.80	68,500,000	none	6,255,247
Snider Packing	6,538	6,358	w362	w496	w1.73	w2.37	0.40	0.40	none	none	210,000
Standard Brands	109,208	108,854	4,342	4,766	0.31	0.34	0.40	0.40	none	200,000	12,648,108
Swift & Co.	771,573	756,731	x11,183	y10,321	x1.89	y1.74	1.50	1.20	25,000,000	none	5,921,167
Wm. Wrigley Jr. Co.	35,890	34,865	2,916	1,807	2.22	2.40	2.75	4.00	none	none	2,000,000

*000 omitted. ‡—first six months. †—first eight months. x—full year 1940. y—full year 1939. z—twelve months ended February 28. w—twelve months ended March 31. (Note: Large reserves have been charged against 1941 earnings for additional taxes.)

Investing in Industry

THE FOOD COMPANIES

America's No. 1 industry—the processing and distribution of foods—is now playing a vital war role.

Up to now, the physician holding food shares has found little reflection there of the hurly-burly which the defense emergency has brought to other industries. But that may soon be changed, for America is fast becoming democracy's larder. And, later on, the food companies will have a heavy stake in the country's first post-war job: that of feeding the starving people of Europe and Asia.

Evidence of the food industry's changed outlook is noted in the abrupt reversal of the Government's agricultural policy from one of restricted food output to production in abundance. Even now it appears likely that there will be shortages in certain foods before this emergency is over, especially if Great Britain gets all the food products she has requested under lease-lend.

Ironically enough, the British demand is not for the Government-controlled wheat and corn which overflows our granaries. The need this time is for the concentrated, ship-space-saving foods like dairy products and canned goods, all of whose production just about meets our own consumption demands.

The British want one hundred million pounds of dried eggs. We produce eleven million pounds a year (one pound of dried eggs equals thirty-two fresh eggs). They would also like three-fifths of our annual output of canned tomatoes; a third of our cheese production; and one-fourth of our normal supply of evaporated milk. In addition to their nutritive value, canned tomatoes are used by the English for drinking purposes when city water mains are bombed. Thousands of cases also are being shipped to North Africa along with smaller amounts of dried fruits and other canned goods.

GOVERNMENT CONTROL

Famine faces millions in Russia this Winter and U.S. food may be sold or lease-lent there. Obviously, we are becoming the main food supply center of the world. Thus it is that the Government is taking over regulation of other foods besides the basic wheat, corn, and rice crops. Prices of most foods are gradually passing under Federal control. So much so that the old rule of supply and demand no longer applies. Some believe that this Federal control of food production will continue long after the end of hostilities.

Ostensibly, the Government is underwriting higher farm prices to promote as large food surpluses as possible. Federal stockpiles will be used for lease-lend aid, relief food distribution, and as this country's trump card in the post-war peace

conference and reconstruction. In other words, we're taking another step in the planned economy program.

Congress stipulated in one of its appropriations bills last June that Government buying should be employed in maintaining farm prices at no less than 85 per cent parity (the 1909-1914 relationship of food prices to that of other goods). The Government becomes the owner when food prices drop below parity and the taxpayer, instead of the food speculator, takes the risk on price fluctuations. This new Federal legislation will maintain a floor under food prices which will continue advancing as wages or other price indices move up.

EFFECT ON SECURITIES

How will all this affect food companies and their securities? In so far as Government controls reduce raw material price fluctuations, the effect will be beneficial. The Administration's goal at present appears to involve less risk to the food processor and larger sales volume at smaller margins of profit. Food manufacturers may have their costs of materials and wages set for them with government promising a "satisfactory" profit on bigger aggregate volume.

What the situation will be after the war, no one can tell. It will depend on how far the planned economy movement will go. So far in this emergency the reform element in the Administration continues vigorous and active. Defense and reform have replaced recovery and reform.

Food products take the largest share of our individual income apportionments. Production of food was close to eleven billion dollars in 1939, compared with less than seven billions for steel, the second ranking industry. Only the steel companies have a greater wage bill and only steel and textiles employ more people. Yet there is a high degree of mechanization in food processing; excepting the canning

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LEASE WARNING: Physicians who contemplate signing leases for office space may be interested in this warning issued by the Cincinnati Academy of Medicine:

"In most leases, it is a common practice to include a clause in the fine-print section which states that you assume all liability that would normally accrue to the owner of the building—for example, injury to a patient hit by a piece of broken window glass in your office. The average public liability policy will not cover such assumed liability unless it is specifically endorsed for that purpose. All liability policies contain a clause reading somewhat as follows: 'The insurance under this policy does not apply to liability assumed by the insured under any contract or agreement.' If this kind of loss is of concern to you, it would be well to examine carefully both your lease agreement and your public liability insurance policy."

trade, where much hand labor is required, and the large distribution personnel needed by the baking and dairy products concerns.

CONSUMER PREFERENCE

The major food development in recent times has been the growing consumer preference for packaged and branded foods. Thus stockholders find advertising a major operating expense of the food companies. But it is only through continuous national advertising that a consumer preference for the attractively packaged and branded foods has been built up. It is only through advertising that some of the food companies have grown big and powerful and are able to sell their wares at a premium over bulk goods.

The eating habits of the nation are relatively stable in good times and bad, except that in depressions the consumer trend is quite noticeably away from the higher-priced packaged goods. There are also such long-term consumer trends as the declining use of meats and the rising popularity of fruit juices and quick-frozen foods.

Frozen or frosted foods have gained an important place in the industry, with the number of trade outlets in the United States approximating 18,000 and the 1940 sales volume totaling $100,000,000. Contrary to general belief, the frozen foods business has not proven very profitable so far. General Foods Corporation, one of the pioneers, has spent millions in the development of this food specialty in the past fifteen years but has turned up meager profits in only two or three recent years out of this long period.

INVESTMENT ASPECTS

Food stocks are high on the list of "peace" securities that are attractive to the conservative investor in these uncertain times. Contrary to the outlook for some of the other great industries, the demand for food probably will be greater after the war than it is today. No large-scale expansion of plant facilities is required by defense and the armament work done by this industry is only nominal.

The stock market has consistently evaluated food shares at less than ten times their earnings in the recent past—rather unusual for such a stable stock group. But then, surveys have shown that food stocks do not go up as fast or relatively as high as most industrial issues. On the other hand, they do not de-

As an Adjunct in the Treatment of ALCOHOLISM

One of the newest and most interesting uses for which Benzedrine Sulfate has been accepted by the Council on Pharmacy and Chemistry of the A. M. A. is as an adjunct in the treatment of chronic alcoholism and also in alcoholic psychoses, although best results are reported in states of intoxication in which no psychosis is demonstrable.

The articles listed below represent the most comprehensive work which has been done to date in this field.

Reifenstein, E. C. Jr. and Davidoff, E.: **The Treatment of Alcoholic Psychoses with Benzedrine Sulfate**—J. A. M. A., 110:1811, 1938.

Reifenstein, E. C. Jr. and Davidoff, E.: **The Use of Amphetamine (Benzedrine) Sulfate in Alcoholism With and Without Psychosis**—N. Y. State Med. J., 40:247, 1940.

Bloomberg, W.: **Treatment of Chronic Alcoholism with Amphetamine (Benzedrine) Sulfate**—New Eng. J. of Med., 220:129, 1939.[1]

[1]*Since this report, Bloomberg has enlarged his series to 60 cases which he reported on Dec. 28, 1940, at the annual meeting of the American Association for the Advancement of Science in Philadelphia. His results in this larger series were substantially the same as those in his original report.*

ADMINISTRATION

Initial dosage should be small (2.5 to 5 mg.) and should be increased progressively until the desired effect is obtained.

IN CHRONIC ALCOHOLISM

the normal dosage used by Bloomberg was 20 mg. daily, one-half of the dose on rising and the other half at noon, but this was often adjusted to meet the requirements of the individual patient.

IN ALCOHOLIC PSYCHOSES

the normal dosage used by Davidoff and Reifenstein in institutionalized patients was 20 to 30 mg. orally or intravenously in a single dose.

IMPORTANT—In prescribing Benzedrine Sulfate Tablets, please be sure to specify the tablet-size desired—either *5 mg.* or *10 mg.*

BENZEDRINE SULFATE TABLETS

Brand of amphetamine sulfate

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

cline as much in depressed markets as do more volatile stocks.

One of the favorable factors that the investing physician will find in the food industry, taken as a whole, is the relatively simple capital structure of companies outside the meat packing and baking groups. New capital requirements are usually small because of the stable nature of the business. Likewise, working capital needs are moderate due to the absence of sharp fluctuations in earning power. Consequently the bulk of earnings can be distributed to stockholders. Dividend payments, therefore, usually are liberal and relatively steady from year to year.

RECORD SALES

The decline in unemployment, plus the nutrition campaigns, plus the wave of wage increases which have swept the country this year are resulting in record sales for the food industry. This is not strange, inasmuch as 30 to 35 per cent of the workers' weekly wages go to the food stores.

However, only moderate gains in earnings may be expected. For the most part bigger volumes will be largely offset by the 1941 jump in the normal corporate income tax. Fortunately the food companies will not be hurt appreciably by the excess profits tax, due to their stable earning-power. They use the four-year-average earnings base for this tax and, as this is written, Congress shows no disposition to change this particular section of the law.

The Government food controls previously mentioned may be used later on to limit inflationary spirals in commodity prices. The nine out of ten families who were pinching

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NOTE LAY REFERRALS!: As a matter of routine, my nurse asks each new patient who referred him. If another patient of mine is responsible for the recommendation, the nurse records this fact on the file cards of both patients and notes any family or business relationship which exists between the two.

This way, I'm reminded to acknowledge each lay referral with a few words of appreciation. At the same time, I am able to inquire about the health of the new patient, thereby indicating the interest I take in each case. These personal touches have built a lot of good-will for me.—M.D., Illinois.

food pennies during the long depression might prove ultimately as powerful politically as the present farm lobby, should food prices soar beyond reasonable limits. Commodity prices can be deflated by dumping Government stocks on the markets as long as such stockpiles hold out.

INVESTING FOR INCOME

The physician who invests for income rather than speculation will find many issues in the food list possessing earnings stability and long records of dividend dependability. It is virtually impossible today to foresee the long-range status of any type of investment due to the possible changes in our political and industrial economy that may flow from these disordered times.

However, strictly on the basis of past records, present progress, and the outlook in the immediate months ahead there are a number of food groups that merit investment consideration.

In this category may be found the chief chewing gum and confectionery companies with their history of unusually good earning power and regular dividend distributions. Other units with appeal as a professional man's investments are some of the dairy products and corn refining companies.

The war has brought a certain amount of speculative flavor to shares of the meat packing companies, who always do a big volume of business in times like these, but often as not at little if any profit. Among the food companies, they were the "war babies" of the first World War. Revived earning power, temporarily at least, has improved the dividend paying prospects of some units.

The canning companies have improved their position over two or three years following recurrent periods of indifferent profits. The defense boom has not benefited the leading baking companies to any appreciable degree.

—RAYMOND HOADLEY

LIGHTED NAME-PLATE: Well suited for use in physicians' homes and offices is a combined doorbell button and illuminated name plate. It consists of a small plastic case which replaces the previous button. Your name and house number, printed on a translucent window in the case, are easily visible at night. The light is supplied by a small bulb which is housed in the case and which operates on doorbell current. Cost: $1.25.

"..and Master of All"

Vince is Jack of all trades—and Master of all, no less. Its effectiveness as a mouthwash and gargle, as a denture cleanser and therapeutic agent in ulcerative gingivitis, has earned for it the reputation of all-round oral cleanser, detergent and antiseptic.

Vince is sodium perborate at its best, made palatable for oral use. In your next case of Vincent's infection, put Vince through its paces —as a paste for office treatment, as a dentifrice, mouthwash and gargle for home use.

A trial supply of Vince, to help you in making your own observations on its usefulness, will gladly be sent you. Please request it on your letterhead. Available in 2, 5 and 16 ounce tins.

VINCE

THE OXYGEN-LIBERATING ANTISEPTIC

VINCE LABORATORIES, INC. • 115 West 18th St., New York City

Legal questions answered

[*Continued from page* 39]

Nor does it make any difference whether the patient pays or doesn't pay. As was said in another case, "Whether the patient be a pauper or a millionaire, whether he be treated gratuitously or for reward, the physician owes him precisely the same duty and the same degree of skill."

IMMUNITY OF COURT AGENT

When a physician is appointed by a court to act as examiner in an insanity proceeding, he acts in a quasi-judicial capacity. As a consequence, if he reports the subject of the inquisition as insane, with the result that the latter is sent to a State institution for treatment, from which he is later freed on the ground that he was improperly committed, the doctor is not liable in a suit for malicious prosecution. This holds true even if it is shown that the original proceedings were instituted by relatives with rapacious motives and that the plaintiff was never insane. So ruled the Minnesota Court in a case decided a few months ago.

UNAUTHORIZED OPERATION

An unauthorized operation has frequently been held to constitute an assault and battery. The Washington Supreme Court decided recently, however, in a case in which a cause of action based on assault and battery would have been barred by the statute of limitations, that such an operation also constitutes malpractice. Its conclusion in this regard is supported by decisions of the highest courts of Maryland, Minnesota, Ohio, Oklahoma, and Wisconsin.

A SAFE Hypotensive for Long-Continued Use

In addition to its hypotensive properties, clinically and pharmacologically proven, ALLIMIN offers several other values that make it the medication of choice in many cases of hypertension.

(1)—**Gradual reduction of blood pressure.** ALLIMIN produces a substantial vasodilatation, resulting in a safe and gradual fall of blood pressure, with no compensatory rise such as generally follows the administration of nitrites. Reduction of pressure is greatest in those patients in whom the initial readings are highest and whose therapeutic need is therefore greatest. In no case is there a sharp fall of blood pressure with possibly dangerous consequences.

(2)—**Relief from distress.** ALLIMIN is unusually effective in relieving hypertensive symptoms of headache and dizziness. This relief is often dramatically prompt—sometimes occurring within a few hours after administration.

(3)—**Beneficial gastro-intestinal effects.** The well-established antiputrefactive properties of ALLIMIN add immeasurably to its therapeutic value in treatment of hypertensive patients with attending gastro-intestinal complaints.

(4)—**Freedom from deleterious drugs.** There are no known contraindications to the use of ALLIMIN and no known incompatibles. It may therefore safely be prescribed in conjunction with other medication, or in cases where prolonged medication is required. In this respect ALLIMIN differs from other preparations offered for the treatment of hypertension, some of which produce undesirable side- and after-effects.

Each tablet of ALLIMIN contains 4¼ gr. garlic concentrate and 2⅜ gr. parsley concentrate with excipients and coating. The dose is 2 tablets three times daily, skipping every fourth day. Tablets are to be swallowed, not chewed.

ALLIMIN is advertised only to the profession. For professional sample and literature sign and mail coupon herewith.

VAN PATTEN PHARMACEUTICAL CO.
54 W. Illinois St., Chicago Dept. M.E.

Gentlemen: Please send me the following:

☐ Professional sample of ALLIMIN

☐ Covering literature

_____ M.D.

Address _____

Town _____ State _____

MOLASSES

A valuable dietary asset where EXTRA IRON is needed

NEW FINDINGS SHOW ITS HIGH IRON CONTENT IS OVER 80% AVAILABLE

QUICK SUMMARY

Results: New Orleans molasses, known to be one of the richest food sources of iron, has now been proven to contain iron of from 80% to 97% *availability*.

How Tested: (A) Chemically and biologically[1]. (B) Clinically.

Suggested Uses: For child feeding where its high calorie value plus iron content make molasses a valuable dietary asset; and to provide extra iron during pregnancy.

Available Iron Content: 0.653 mgs. per tablespoon in Brer Rabbit Molasses—Gold Label grade. 1.078 mgs. per tablespoon in Brer Rabbit Molasses—Green Label grade.

Suggested Amount: Three or more tablespoonfuls daily. This may be taken plain, on bread, cereal, desserts or in milk. Physicians may vary the amount, depending on the iron need, age, condition and tolerance of the individual.

IT IS WELL KNOWN that molasses, with its abundant supply of iron, is one of the most inexpensive food sources of that mineral. It has now been determined conclusively that molasses—unlike many foods—contains iron in a form which is readily assimilated by the body.

To supply up-to-date, exact data on this subject, the makers of Brer Rabbit Molasses cooperated in carrying out chemical, biological and clinical research. A brief summary of results of the chemical and biological test is reported here.

THE MOLASSES USED IN ALL TESTS WAS BRER RABBIT NEW ORLEANS MOLASSES.

The chemical and biological tests confirm the high iron *content* of Brer Rabbit Molasses; they also show the *availability* of the iron to be over 90% in the Gold Label grade and over 80% in the Green Label grade.

Taste preferences for molasses differ. Brer Rabbit comes in two flavors to meet all requirements. If a dark, full-flavored molasses is desired, specify Green Label Brer Rabbit (Molasses "B" in table). If a light, mild-flavored molasses is wanted, specify Gold Label Brer Rabbit (Molasses "A" in table).

Because of its low cost and palatibility, may we suggest that you recommend the use of Brer Rabbit New Orleans Molasses where a higher iron content in the dietary is desirable? Penick & Ford, Ltd., Inc., Manufacturers of Brer Rabbit Molasses, New Orleans, La.

TABLE[1]

	Total iron mg/100 gm	Per cent availability	Available iron mg/100 gm
MOLASSES "A"*	3.2	97	3.1
MOLASSES "B"**	6.0	85	5.1
BEEF LIVER	8.2	70	5.7
OATMEAL	4.8	96	4.6
APRICOTS (*dry*)	4.1	98	4.0
EGGS	3.1	100	3.1
WHEAT	5.0	47	2.4
RAISINS (*Muscat*)	3.0	62	1.9
PARSLEY	3.2	50	1.6
BEEF MUSCLE	3.0	50	1.5
OYSTERS	5.8	22	1.3
CABBAGE	1.8	72	1.3
MUTTON	5.1	24	1.2
LETTUCE	1.5	63	0.9
SPINACH	2.6	20	0.5

*Brer Rabbit—Gold Label **Brer Rabbit—Green Label

1. Am. J. Dig. Dis. Vol. VI, No. 7 (Sept.) pp. 459-62, 1939.

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

Tested: four collection methods

By experiment, this doctor found only one method suited to his practice

Just as it's important to know what therapeutic methods are ineffective, so is it helpful to know what collection methods give poor results. New techniques in both fields are sometimes announced with much fanfare; careful analysis and follow-up work are done all too rarely.

I chose four of the more often recommended collection methods and tried each one out on a comparable segment of my practice. When the trial was complete and the differential results analyzed, I found a clear-cut verdict. One often-advised method was worthless for me, two were of rather limited value, and the last was a highly useful procedure. Here's the clinical report on each:

CANCEL AND ASK CASH

"Cancel old accounts, and tell these patients that they must pay cash in the future." This has always sounded fine. It still does—but it won't work for me.

Patient A was almost tearfully grateful for the cancellation of his ancient $3 account. When he later stopped in for attention to a toe, he said he wouldn't let *this* account go by; indeed, he would pay it out of his next check. A year has passed—but perhaps his check has been delayed.

Patient B, a farm hand, told his employer about my cancellation. His boss, who happened to be a loyal, prompt-paying patient, said I must be crazy. The farm hand verified this hypothesis by going elsewhere for further treatment. He was presumably embarrassed to return after letting his little account run for so long.

Patient C speedily told all her friends that physicians make so much money they can afford to work for nothing.

It was then that I classed this collection method with those spectacular cures which suddenly appear in medical literature—and as suddenly disappear.

OFFERING A DISCOUNT

"Get an old account off the books by offering a discount." The experimental verdict (at least for my practice) is that the method has some merit, within well-defined limitations.

It is effective with patients who have recently had an improvement in their financial status. Patient D, having just sold some property, was happy to clean up the account which had been weighing on his conscience. However, Patient E told me that my treatments must really have been harmful because I was willing to settle the bill for less. It

shouldn't be forgotten that some debtors ease their sense of guilt by loudly accusing the doctor of careless or ineffective attention.

Patients who are well satisfied with their medical care do not always respond properly if they know the physician will sooner or later offer a discount. They may think: "Why bother to pay this bill right away, when I can get long-term credit and ultimately pay only a reduced amount?" This potential disadvantage doesn't apply, of course, in the cases of loyal patients who have had financial difficulties.

Incidentally, I have found it essential to put a time limit on a discount proposal. Patients F and G waited for months after receiving my offer and then proposed to pay only the smaller amount.

SEND FREQUENT BILLS

"Send out bills every two weeks so that the patient cannot forget his obligation." Like other shots-in-the-arm, this method shows an immediate but rather transient response. If persisted in, it soon loses its efficacy. True deadbeats, being accustomed to ignoring all bills, can ignore twice the usual number with undisturbed nonchalance.

This collection method has a number of ancillary disadvantages. One is that it doubles the amount of time which a physician or his office secretary must devote to billing. Another is that it sometimes portrays the doctor as being fee-conscious. Thirdly, it offends many good-pay patients, particularly those whose income arrives at irregular intervals, or those having temporary reverses.

DISCUSS FEES FIRST

"Discuss the probable fee before

Warning!

Collection agency claims should be investigated

Beware of credit or collection agency representatives who claim that their companies are "endorsed" or "recommended" by MEDICAL ECONOMICS.

According to reports from several physicians, representatives of at least two nation-wide collection agencies have recently made false statements of this character to convince doctors of the merits of their service.

MEDICAL ECONOMICS never directly endorses any individual credit or collection service. Needless to say, there are a number of reputable companies with commendable records in this type of work. But only in the sense that a few of the better services have advertised in MEDICAL ECONOMICS can it be said that this magazine has passed judgment on their merits. If an agent cannot produce tangible evidence that his company's advertising has been accepted (hence approved) by MEDICAL ECONOMICS, any so-called endorsement he refers to is probably a fraudulent misrepresentation.

Location Tips — Free service to physicians seeking places in which to practice

✪ An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available, due to the magazine's comprehensive circulation (130,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address MEDICAL ECONOMICS, Rutherford, N.J.

rendering the service." This has proved by far the most effective of the four plans tested. In fact, it has worked so well that I've since made it a standard method in cases where the bill is apt to be fairly large.

In each case where this plan was tested, I'd begin with some such statement as this:

"My job is to take care of you during this illness, and I want to be free to devote my attention completely to it without having to bother about bills and collections. Judging by the usual response to treatment in cases like yours, the fee will probably be somewhere between $45 and $75.

"If that's agreeable to you, perhaps you can decide now whether a monthly or a lump sum payment would be more convenient."

Often I found it possible to set a definite charge, rather than an estimated amount. This still more increased the likelihood of payment in full. A flat charge leaves the physician free to make as many calls as he feels are necessary for the scientific care of his patient. And it also helps free the patient or his relatives from worry about the bill which is piling up. They are encouraged to feel that the physician is concentrating on the practice of medicine, rather than on the art of separating a patient from his money.

Naturally, the exact worth of every service cannot always be gauged in advance. But if a physician exercises fair judgment in setting his fees, errors of over- and under-estimation will probably cancel out.

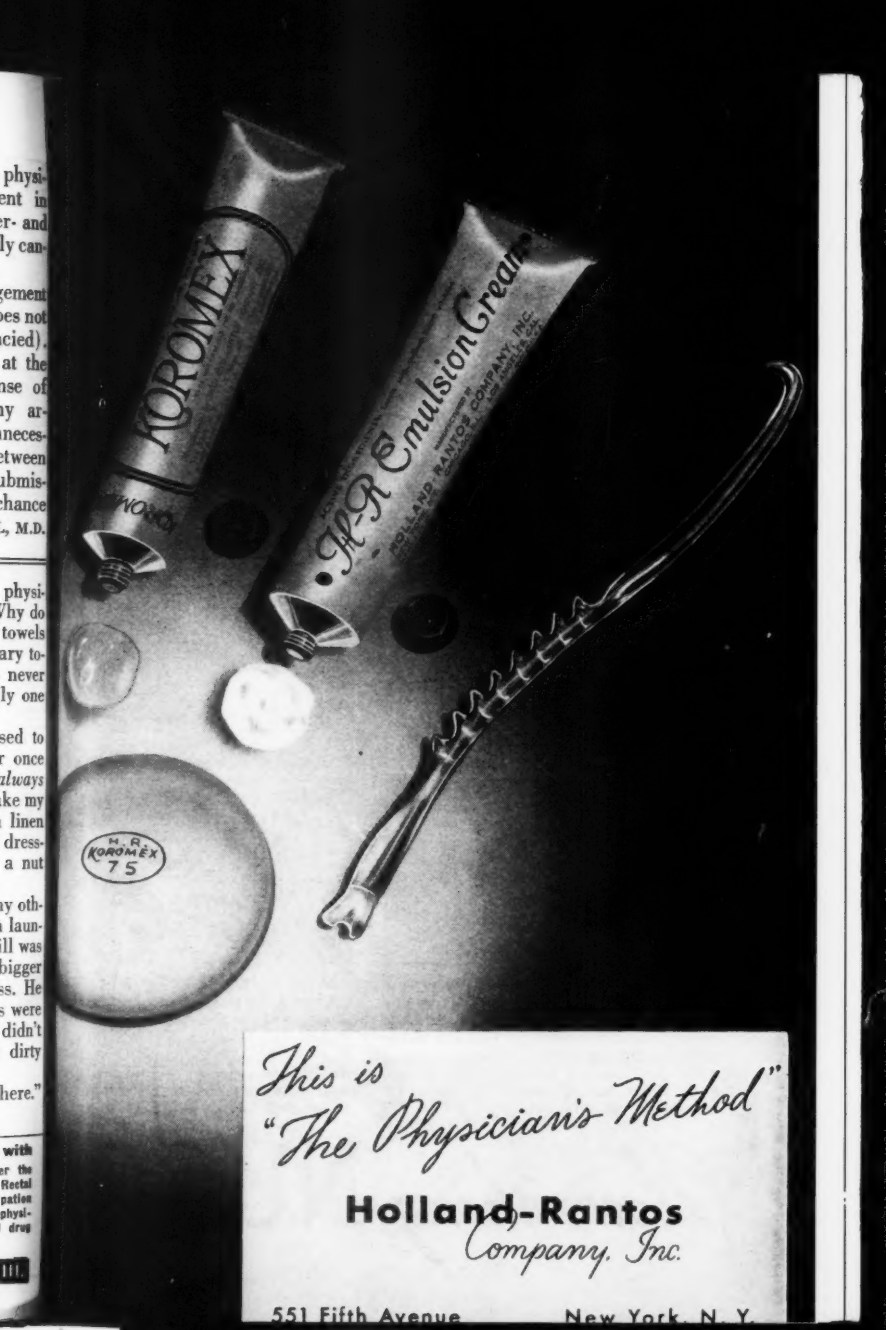
Best feature of prearrangement lies in the fact that the bill does not come as a shock (real or fancied). Details of payment are set at the time when the patient's sense of obligation is strongest. Any arrangement which lets an unnecessarily long interval elapse between the service rendered and submission of the bill increases the chance of a bad debt.—R. L. GORRELL, M.D.

TOWEL ECONOMY: Said a physician's daughter to a friend: "Why do doctors so often keep stained towels in their offices? I went with Mary today to see her doctor, but never again! You'd think he had only one towel to his name.

"Honestly, Judy, when I used to help Dad in his office I never once saw him use a dirty towel. He *always* got out a fresh one. And he'd take my head off if I didn't keep clean linen on his instrument shelves and dressing table. He was practically a nut on the subject.

"Dad couldn't understand why other doctors tried to economize on laundry. He said that the laundry bill was the least of his worries. The bigger the bill, the better the business. He told me that since most patients were already afraid of germs, he didn't want to scare them by having dirty towels around.

"I think he had something there."
—JAMES FLEMING, M.D.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H-R Emulsion Cream
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H-R KOROMEX 75
This is
"The Physician's Method"
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Company, Inc.
551 Fifth Avenue
New York, N. Y.

XUM

That ALL Uncle Sam's Children

FOOD-ENERGY for active living is supplied by NUCOA as generously as by any other churned spread for bread. And the saving on each pound of NUCOA is approximately enough to pay for a quart of milk! So, not only is NUCOA nutritious, but it helps stretch the food dollar to include more of other protective foods.

THE APPETIZING FLAVOR of NUCOA on bread, as seasoning for vegetables, when used for shortening or frying—riches simple meals. Yet it's inexpens to cook with NUCOA! NUCOA has w derful texture—easy to cream and to spre And it always tastes fresh, for it is made order only—never held in storage.

Nourishing NUCOA

May Have a Nourishing Spread for Their Bread . . .

the makers of NUCOA have pioneered for a quarter of a century to produce this Modern Margarine —a delicious, high-food-value spread at low cost.

★

Now—in the crusade for Better National Nutrition—NUCOA increases its benefits . . . gives you in every pound more than *9,000 units of protective VITAMIN A!*

WE DIETITIANS congratulate NUCOA on guaranteeing a uniform Vitamin A content of 9,000 units in every pound, winter and summer. This makes NUCOA a good "protective Vitamin A" food. With its pure *vegetable* oils churned in fresh pasteurized skim milk (both products of American farms) NUCOA is delicious and very different from the old-time "oleos."

NUCOA'S PROUD RECORD OF "FIRSTS"

- **FIRST** margarine to be made wholly with vegetable oils
- **FIRST** nationally distributed margarine to use only *American* vegetable oils
- **FIRST** margarine to be triple-wrapped
- **FIRST** to have store-door delivery—always fresh
- **FIRST** to introduce the handy, wafer-type coloring
- **FIRST** to be nationally advertised
- **FIRST** in sales popularity
- **FIRST** to add VITAMIN A

AND NOW . . . *NUCOA gives more than 9,000 units of VITAMIN A in every delicious pound!*

ONE OF AMERICA'S GOOD "PROTECTIVE VITAMIN A" FOODS

What they're reading

EDICAL TESTIMONY

By Royal A. Stone. Minnesota Medicine. July 1941.

n associate justice of Minnesota's preme Court writes on the strength d weakness of court testimony by ysicians. Pointing out that a browating cross-examiner often does his le more harm than good, Justice one advises a doctor-witness to nd on his rights. Says he:

"Let him remember that by beming a witness he has not lost the ght of reasonable self-assertion, and at he, rather than the lawyer, should e the author of his testimony. . ."

Justice Stone continues by recomending that medical witnesses take eat care to distinguish between deuction from known facts and mere ojecture or speculation. He sugests that medical testimony is of ant value when encrusted with terinology incomprehensible to laymen. nd he indicates surprise at the apparent incompleteness of many docrs' written records.

The jurist concludes with an anal- is of the problem of conflicting edical evidence. "When doctors disgree. . .in some cases we suspect that one side or the other there is willul untruth or just plain incompeency."

NDUSTRIAL HEALTH RACTICES

By the Committee on Healthful Working Conditions, National Association of Manufacturers. 76 pages. 50 cents.

his elaborate survey of 2,064 inustrial plants employing almost 2,-00,000 workers, has revealed a mass of facts about modern factory health programs. A typical health program was found to save the average 500-employe plant a total of $5,611 net per year. More than 90 per cent of the companies surveyed reported that their health programs were paying propositions and had produced specific reductions in accident frequency, occupational disease, absenteeism, and compensation insurance premiums.

Among the trends noted:

Almost half the plants surveyed had established their health programs in the last decade. About 70 per cent of the programs instituted in the last five years were in plants having less than 500 employes. The average annual per capita cost of a plant medical program, $5.17, is slowly decreasing as employment rises.

PROFITABLE PUBLICITY

By Henry F. Woods Jr. Dorset House. 208 pages. $2.50.

An expert publicity agent describes in detail the techniques by which a person, an association, or a company can secure favorable attention in the press. Covered are such topics as good and bad publicity, methods of presenting publicity most effectively, and methods of distributing it where it counts most.

Though designed primarily for use by commercial publicity men, this readable text could be of considerable value to a medical society's public relations committee.

FOOD IS ALSO POWER

Fortune. August 1941.

The relationship which America's nutrition bears to the prospect of total

war is explored in this thoughtful article. It begins with a statement of our national indifference toward nutrition problems: "The Nazis have demonstrated that right and wrong diet can be used as a double-edged weapon, both to sustain the will to victory of their own people and to paralyze the will of the conquered. Never has it been so clear that food is power. . .

"Through a strange inversion of logic that in a nation's ledger of assets puts humans last, we began replanting our forests and dust bowls, building dams and irrigation ditches, before we understood that there was also such a thing as human erosion. Now we are setting out to do something about conservation of man."

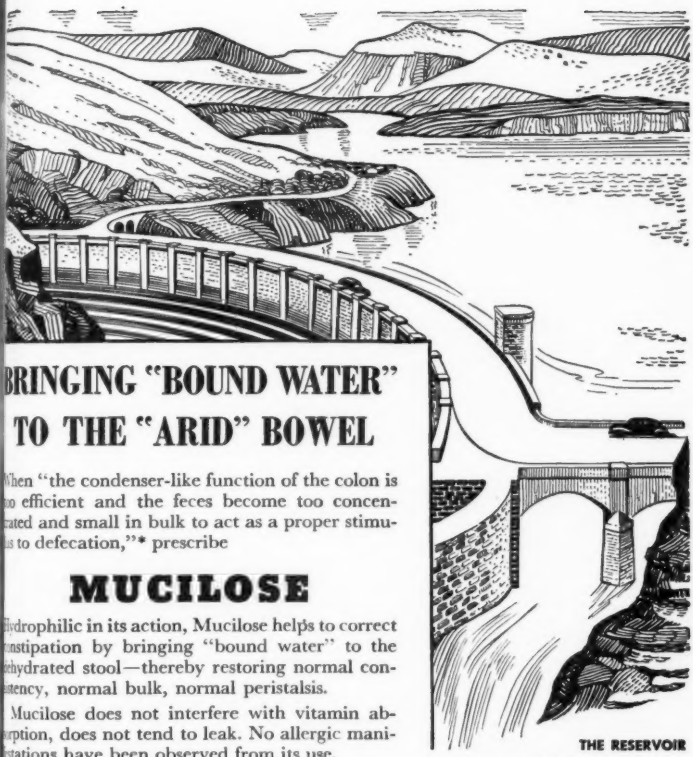
While basically a summary of the nation's food problems, the article also contains a good deal of information about nutritional experiments in the German and U.S. armies. Main theme is that while our knowledge and our food supplies are basically adequate our eating habits are uninformed and primitive.

It's a readable article. Typical of its quietly sardonic style is the following: "Soybean—a food to which the Nazis are somewhat indebted for their vitality and the Chinese for their longevity—embodies massive amounts of B vitamins, fats, and proteins found in pork and beef. This stuff we feed to hogs, cattle, and industry."

MEDICAL CARE IN NEW YORK STATE

Report of the Temporary Legislative Commission to Formulate a Long Range State Health Program. N.Y. Legislative Document (1940) No. 91. 492 pages.

A substantial document about New York State's medical care in the past,



BRINGING "BOUND WATER" TO THE "ARID" BOWEL

When "the condenser-like function of the colon is so efficient and the feces become too concentrated and small in bulk to act as a proper stimulus to defecation,"* prescribe

MUCILOSE

Hydrophilic in its action, Mucilose helps to correct constipation by bringing "bound water" to the dehydrated stool—thereby restoring normal consistency, normal bulk, normal peristalsis.

Mucilose does not interfere with vitamin absorption, does not tend to leak. No allergic manifestations have been observed from its use.

*Welch, P.B. and Kauders, F.H.; The Physiologic Approach to the Correction of Constipation.

THE RESERVOIR

Ancient in principle and practice—designed by man to augment Nature in maintaining a balance of water flow.

FREDERICK STEARNS & COMPANY, Detroit, Michigan

New York • Kansas City • San Francisco • Windsor, Ontario • Sydney, Australia

FREDERICK STEARNS & CO.
Detroit Michigan, Dept. M.E. 9-41
Please send me a clinical supply of Mucilose.

Name..... M. D.

Address.....

City..... State.....

present, and visible future, this book constitutes a mine of statistical and factual information. It analyzes medical care in welfare districts, and gives detailed information on hospitals, public institutions, and graduate medical education.

Perhaps the most interesting portions take up the topic of health insurance. The history of both voluntary and compulsory systems in this country is elaborately discussed, together with an evaluation of the good and bad points of various medical service plans. On the whole the facts are fairly (and minutely) presented.

Worth noting, however, is the calmness with which the prospect of compulsory insurance is regarded. Its advent, apparently, wouldn't upset the commission.

WHAT EVERYONE SHOULD KNOW ABOUT ABORTION

By Jane Ward. American Mercury. August 1941. (Also condensed in the August Reader's Digest.)

Designed for lay readership, this article dramatically describes the procedures, risks, and extent of illegal abortions. After a summary of the situation today (and an effective attack on dangerous abortifacients), it concludes by indicating two possible measures to better the country's abortion record.

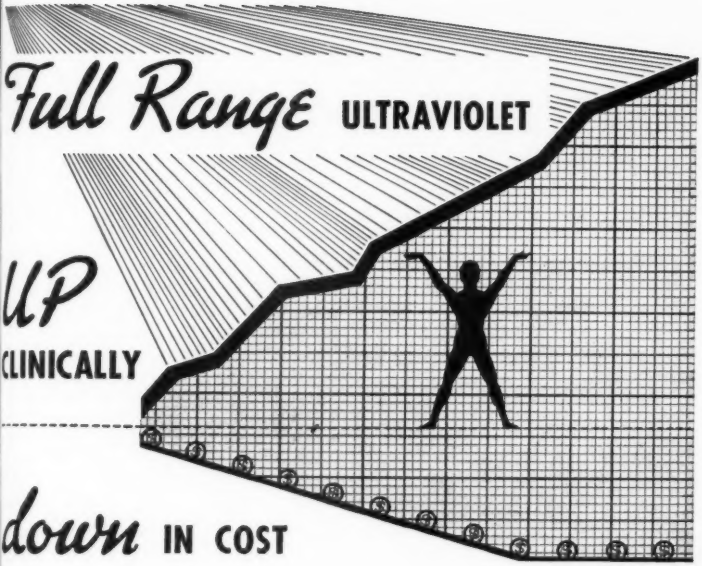
First is a wider dissemination of contraceptive knowledge and wider use of efficient methods (statistics indicate that 90 per cent of all abortions occur among married women). Second is a liberalization of laws that now permit only strictly therapeutic abortions. The latter argument is based on the belief that since abortions *will* be sought, it would be better to have them performed by competently trained physicians than by medical bootleggers.

SOCIAL SECURITY IN THE UNITED STATES: 1941

Published by the American Association for Social Security. 187 pages. $2.

A collection of addresses and reports by nationally known social workers, this book impinges on medical topics for perhaps a quarter of its total length. It includes comparative descriptions of the mechanisms for providing relief recipients with medical care in New York City, Baltimore, Chicago, and "Other City." (The latter is a Utopian community, laid out along patterns which social workers presumably dream about.)

A 34-page section of the text is devoted to discussions and addresses on voluntary health programs. Dr. Louis Reed, of the U.S. Public Health Service, writes: "Some two and a half years ago a national health program was proposed. Now national defense



FROM medical literature, you *know* the many clinical advantages of ultraviolet administration—advantages to be enjoyed, however, only with an ultraviolet burner notable in *therapeutic effectiveness.* And this quality's absence cannot be replaced by any combination of so-called "hidden" values. ¶ Light of the G-E Model "F" Lamp has no place under a bushel. Its radiation, rather than being concentrated in a narrow band of wavelengths having limited application, extends over the full therapeutic range. Thus, a fundamental medical requirement is met by the G-E burner which emits radiation of optimal intensity throughout the spectral bands of proved clinical value. *Full range* usefulness, unobtainable with burners which emit radiation mainly at one wavelength, is available with the "F" Lamp and—with minimum power consumption. Increased usefulness makes the "F" Lamp a good investment in an increased practice. ¶ Refresh your memory on ultraviolet's modern uses. Learn of the "F" Lamp's ever-increasing effectiveness. Authoritative medical abstracts will be sent gratis and gladly. Sign, Clip, and Mail the Coupon, *Today.*

Send literature on modern uses of ultraviolet and information on the Model "F" Lamp.

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creates additional reasons for action . . . Voluntary effort, undirected or unaided by government, does not appear capable of solving our national health problem in any substantial manner."

THE CARE OF THE AGED

By Malford W. Thewlis, M.D. C. V. Mosby Co. 579 pages. $6.

This is the third edition of Dr. Thewlis' well known work on geriatrics. Completely rewritten, it affords perhaps the most complete single-volume book on geriatrics yet to appear. Organization of the text comprises five major sections: general considerations (including history, medicolegal problems, premature senility, gerocomia, etc.); miscellaneous medical problems; infectious diseases; noninfectious diseases; and pathologic conditions in old age. Practically a must for the physician interested in this growing semi-specialty.

I'm in the Army now!

[*Continued from page* 60]

and artillery will mix it, but there will be no tank vs. tank movements, and very little coordination between ground and air forces. Reason for the latter, I'm told, is that every available plane is being used elsewhere for training.

The 2nd has kept secret its movements northward from Camp Benning, leaving it up to G-2 (Intelligence) of our division to locate it. It is rumored the 2nd will flank and attack us from the north. Finding an enemy in these 600 square miles is no easy job.

We've had very little time away from our units during the four weeks we've been in Tennessee, but this lack of freedom is not severely felt since we are on the move practically all the time. Some of the

men haven't been home since last October.

JUNE 18

First battle of the mechanized forces ended today. I see by a Chattanooga paper that our side held out against the tanks. We were attacked from the rear, but our reconnaissance proved good, artillery was moved into position, and superior fire power concentrated on the enemy. Of course, we were three divisions fighting the one armored division.

A motion picture of medical troops on maneuvers would certainly disappoint blood-and-thunder seekers. Movements are scattered considerably, and we are never in the front line. Only once have I seen an artillery emplacement, and once some infantry troops holding a line. There is very little firing. Umpires are concerned more with positions and artillery ranges than with noise. The roads present the most active picture—they're always clogged with men, trucks, guns, and ambulances. Not to mention soft-drink stands.

I counted 356 names in this week's A.M.A. Journal listing of doctor's called to active duty. The total is not that large every week, but it does give an idea of the army's great need for physicians.

ADJUSTABLE LIGHTS: Now on the market are electric light bulbs which give three levels of illumination. This type bulb fits any standard socket, and contains a forty- and a sixty-watt filament, thus permitting light combinations of forty, sixty, and a hundred watts. A plastic collar on the bulb's neck can be turned to select the brightness desired. Cost: 25 cents.

THE NEWSVANE

Red Cross Speeds Effort

Response to the American Red Cross campaign to enlist U.S. physicians for service with the British is still far below early expectations, according to Red Cross officials. Although August marked the close of the campaign's fourth month, only 100 physicians had been formally accepted, and of these but fifty had reached England. The objective is 1,000.

Physicians who are U.S. citizens but graduates of British medical schools, formerly not acceptable under the British Red Cross request, are now eligible. Aliens and graduates of continental European schools are still barred from applying.

German M.D.'s Limited

Because army demands have seriously depleted the number of physicians available for civilian call, the German public has been urged by the press to limit its demands upon doctors' time to cases of extreme illness. Nazi papers also advise doctors to conserve gasoline by increasing the economy of their trips.

Osteopaths Must Study

Thirty hours of post-graduate study must be completed each year by California osteopaths before their licenses will be renewed, according to the provisions of a new law passed by the State Legislature and signed by Governor Olson.

The measure was introduced at the request of the California Osteopathic Association. The president of the Alameda County Osteopathic Society, Dr. Wilkie Hamlin, said of the measure: "It is, to our knowledge, the first time in history that any of the professions has requested such action."

Report from Canada

A total of 1,300 physicians, or almost 12 per cent of the Canadian Medical Association's membership, already are serving with the armed forces in Canada or abroad. So reported Secretary Dr. T. C. Routley, at the Association's recent convention.

WPA Launches V.D. Plan

Initiation of a nation-wide venereal disease control program to provide assistance to State and local health authorities in areas of military and defense industry concentration has been announced by WPA Commissioner Howard O. Hunter.

The program has been approved by the President as a unit of the WPA National Defense Research and Records Assistance Project, for which an allocation of $5,015,864 was made several months ago. The United States Public Health Service will act as the official sponsor.

Surgeon General Thomas Parran Jr. said the program's purpose is to aid in:

1. Bringing under immediate rehabilitative treatment selectees who have been rejected or deferred by their local Selective Service Boards because of syphilis or gonorrhea;

2. Tracing the sources of infection and rendering potential spreaders of venereal disease non-infectious through treatment;

3. Placing treatment facilities for

gonorrhea on a par with those for syphilis and providing medical and public information on new chemotherapeutic methods for curing gonorrhea; and

4. Establishing emergency venereal disease control programs in "boom" towns where regular public health facilities are insufficient.

Dr. Parran cited findings of Selective Service medical examinations which showed that 6 per cent of the draftees examined were infected with syphilis or gonorrhea. He said gonorrhea "has been the leading cause of days lost from service [in the army] in every year since the World War. the ratio in 1939 having been 20 per thousand as compared with 6.6 per thousand for syphilis."

Mr. Hunter pointed out that WPA workers have engaged in venereal disease control work in many parts of the country during the last six years. Several months ago approximately 4,000 project employes in thirty-three States and the District of Columbia were assisting in the operation of 431 public clinics for the treatment of venereal diseases. Among the 4,000 WPA employes there were laboratory technicians, physicians, nurses, researchers, investigators, clerical workers, and miscellaneous help. In every instance, Mr. Hunter said. the assignment of these workers from WPA rolls has enabled the clinics to expand their service greatly beyond previous limits.

New Civil Service Jobs

New examinations for medical positions in the Government service have been announced by the Civil Service Commission. The action reflects continued defense-program needs.

Junior medical officer positions at $2.000 a year will be filled at St. Elizabeth's Hospital in Washington. D.C. There are two types of internship: rotating and psychiatric resident. For the rotating internships. applicants must be fourth-year stu-

Nutritive Values of Dole Pineapple Juice

In order that busy professional people may be informed of the nutritive position of Dole Pineapple Juice in relation to the recommendations made by the Washington nutritional conference, the following reference chart is presented.

Authoritative analyses and assays accepted by the Council on Foods and Nutrition of the American Medical Association show it to be a good source of vitamins C (ascorbic acid) and B_1 (thiamin) because a six-ounce serving contains 240 I. U. of vitamin C and 100 I. U. of vitamin B_1. It also contains some vitamin A, calcium, iron, and phosphorus. It's a source, as well, of quickly available food energy.

The chart shows what Dole Pineapple Juice contributes to the daily allowances for specific nutrients recommended by the Committee on Foods and Nutrition of the National Research Council. The left-hand column gives recommended amounts. The right-hand column represents the percentage found in a 6-oz. serving of Dole Pineapple Juice.

	CALORIES		CALCIUM		IRON		VITAMINS							
							A		Thiamin B_1		Ascorbic Acid C		Riboflavin B_2	
	Rec. N.R.C. No.	Dole %	Rec. N.R.C. Grms.	Dole %	Rec. N.R.C. Mgs.	Dole %	Rec. N.R.C. I. U.	Dole %	Rec. N.R.C. Mgs.	Dole %	Rec. N.R.C. Mgs.	Dole %	Rec. N.R.C. Mgs.	Dole %
AVERAGE MAN 154 lbs.														
Moderately active	3000	3	.8	3	12.	3	5000	2	1.8	17	75.	16	2.7	1
Very active	4500	2	.8	3	12.	3	5000	2	2.3	13	75.	16	3.3	1
Sedentary	2500	4	.8	3	12.	3	5000	2	1.5	20	75.	16	2.2	2
AVERAGE WOMAN 123 lbs.														
Moderately active	2500	4	.8	3	12.	3	5000	2	1.5	20	70.	17	2.2	2
Very active	3000	3	.8	3	12.	3	5000	2	1.8	17	70.	17	2.7	1
Sedentary	2100	5	.8	3	12.	3	5000	2	1.2	25	70.	17	1.8	2
Pregnancy	2500	4	1.5	2	15.	2	6000	2	1.8	17	100.	12	2.5	2
Lactation	3000	3	2.0	1	...	..	8000	2	2.3	13	150.	8	3.0	1
CHILDREN														
1- 3 years	1200	9	1.0	3	7.	5	2000	6	.6	50	35.	34	.9	4
4- 6 years	1600	6	1.0	3	8.	5	2500	5	.8	38	50.	24	1.2	3
7- 9 years	2000	5	1.0	3	10.	4	3500	3	1.0	33	60.	20	1.5	3
10-12 years	2500	4	1.2	2	12.	3	4500	3	1.2	25	75.	16	1.8	2
GIRLS														
13-15 years	2800	4	1.3	2	15.	2	5000	2	1.4	22	80.	15	2.0	2
16-20 years	2400	4	1.0	3	15.	2	5000	2	1.2	25	80.	15	1.8	2
BOYS														
13-15 years	3200	3	1.4	2	15.	2	5000	2	1.6	19	90.	13	2.4	2
16-20 years	3800	3	1.4	2	15.	2	6000	2	2.0	15	100.	12	3.0	1

DOLE Pineapple Juice FROM HAWAII, U. S. A.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

dents in a Class A medical school. Graduates in medicine who have already served an accredited rotating interneship are offered a postgraduate interneship of one year of psychiatry. Applicants must have completed their fourth year of study in a Class A medical school subsequent to December 1935 and must have either a B.M. or M.D. degree. Applications will be accepted at the Commission's Washington office until November 15, 1941.

Treatment for Draftees

The reluctance of men unfit for military service to seek medical aid has caused Colonel Samuel J. Kopetzky, chief medical officer of New York City's Selective Service, to launch a city-wide campaign to encourage such remedial treatment.

A two-month experiment in the area of one New York local board, where rejected registrants were helped to obtain medical aid easily for curable defects, brought no marked response from registrants, Colonel Kopetzky reported.

He added:

"More positive methods are necessary.

"The organized medical profession has contended for a long time that many persons would refuse the benefit of medical care even were it put upon their doorsteps.

"In acute illness, everyone seeks relief. But during the after-effects, where the affliction is not disabling and if employment is still possible, reluctance has been the rule."

According to the new plan, a volunteer social worker makes contact with registrants deferred for physical reasons to Classes 1-B and 4-F. A blank is submitted to the registrant, on which he answers the questions: "Will you accept remedial therapy from your own physician?" and: "If you are unable to employ a private physician, will you use existing facilities in hospitals, voluntary or mu-

nicipal, to have your defects corrected?"

Information will be elicited as to the reasons why the registrant refuses to accept treatment, Colonel Kopetzky said. He pointed out that, with advancing age, handicaps due to physical defects increase, and that often men thus handicapped become unemployables. For this reason, Colonel Kopetzky said, "rehabilitation is concerned with far more than military obligations, for it has ramifications in civilian production and industry that employers would do well to study."

The fact that over 80 per cent of all the New York City registrants qualified only for limited military service have but one medical defect, is said to augur well for the rehabilitation program.

Civil Defense Medicine

The Office of Civilian Defense and the U.S. Public Health Service have jointly announced the appointment of Dr. George Baehr of New York as medical director in charge of the medical aspects of civilian defense. He will coordinate the activities of these two governmental agencies in their related fields.

Surgeon General Thomas Parran Jr. has assigned to Dr. Baehr several Public Health Service officers for the Washington and the New York branches of the Office of Civilian Defense, as well as the liaison health officers recently detailed to each of the nine army corps areas in the nation.

The work of the Office of Civilian Defense in the field of medicine and public health will be concerned largely with the development of plans and facilities for disaster relief in the cities, beginning with those along both seaboards. Preparation of these plans already is well advanced. In order that the facilities for disaster relief and their administration throughout the country may fit into a common pattern, all States and local communities are advised to adopt the recommendations of the Office of Civilian Defense.

The medical equipment for disaster relief will be standardized in conformity with the experience of the army and the American Red Cross so that an adequate supply may be provided to meet any future need. An intensification of the first-aid training program is projected which will include the preparation of a brief course of instruction for the general public.

Industry is Safer

Safety measures taken by America's big defense industries have improved virtually 100 per cent since the last war, the U.S. Public Health Service has announced after investigations by State industrial hygienists of more than 600 plants during a recent three-month period. Most of these plants, which employ a total of 250,000 workers, were in the aircraft, military vehicle, ship, explosive, and other defense industries.

Navy Exams Posted

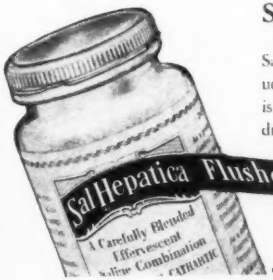
Examinations for appointments as Acting Assistant Surgeons for interne training in the navy's medical corps will be held October 6-9 inclusive, and January 5-9 inclusive, the Surgeon General of the Navy has an-

Intestinal Cleansing of the BED-RIDDEN

THE problem of treating constipation in the bed-ridden and convalescent is simplified by Sal Hepatica. *Liquid bulk* (Sal Hepatica plus water) in the intestinal tract lubricates and flushes the bowels . . . and gently stimulates peristalsis. Lack of exercise in these patients, therefore, need not result in a sluggish colon.

SAL HEPATICA Plus Water Supplies Gentle LIQUID BULK

Sal Hepatica has other advantages too. Its alkaline constituents help neutralize abnormal gastric acidity. Flow of bile is stimulated. Sal Hepatica makes a palatable, effervescing drink. Trial package and literature on request.



Sal Hepatica Flushes the Intestinal Tract . . . .

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nounced. Applications for authorization to take an examination must be in the Bureau of Medicine and Surgery, Navy Department, Washington, three weeks prior to the set date. Application forms may be had by writing to the bureau, which will also furnish upon request a circular of information describing requirements, pay, and similar details.

Doctors in Britain

Another view of the shortages of physicians in England appears in a recent issue of the British Medical Journal. In a letter to the editor, a Journal subscriber writes:

"We have heard a great deal lately about the acute shortage of medical personnel. . .When the facts and the truth are published there is evidence of maldistribution, muddle, and rapacity.

"The number on the Medical Register [is] about 65,500. Of these, I understand, approximately 36,000 are normally engaged in practice in England and Wales. The services would like to have, apparently, about one medical officer to every 250 fit and healthy young men; hence for 3,000,000 about 8,000 to 12,000 medical officers, the remaining 42 millions of population being left with the balance, about 24,000 to 28,000 medical practitioners for all the other services—civil, general practice, consultant, Emergency Medical Service, and so on!

"Approximately half the army medical officers are engaged in administrative, clerical, and office duties; the other half who are doing clinical work (so-called), for the most part in the United Kingdom, only treat minor maladies, all serious cases being transported to the local hospitals in their districts. Hence this horde of army medical officers are not even dealing with, nor have they in many instances the equipment with which to treat, anything like all their cases. At home the army is rapacious, desiring the

lion's share of the nation's limited medical personnel, and having taken these thousands of medical men—for the most part at £450 per annum in a rank and status equivalent to that of a sub-lieutenant R.N., aged 20 years—they do not even do their own work!

"It is obvious where combing is required. In many areas general practitioners are being worked to death. What has happened to the thousands of consultants and general practitioners from denuded areas whose practices have virtually disappeared?"

The letter is signed. "Charles A. H. Franklyn. M.D., M.R.C.S., Oxford."

Vitamins in a Basket

A "balanced" market basket filled with low-cost foods containing an adequate ration of necessary vitamins and minerals for good nutrition may soon be available to the American housewife, according to an announcement from the Office of the Coordinator of Health, Welfare, and Related Defense Activities.

Details of this method of unit grocery sales will be discussed by Government representatives and the large food distributors, after which a coordinated plan may be given a try-out in a representative area.

Said Dr. Helen S. Mitchell, Federal nutrition director, in revealing the plan:

"Germany and Britain have found it expedient to force nutrition reforms upon their people in wartime... the United States depends upon education to improve food habits."

N.Y. Accepts Alien M.D.'s

A law permitting the employment of alien doctors in the municipal hospital system until July 1942 has been approved by the City Council of New York at the request of Mayor La Guardia.

Enactment of the legislation, which modifies the law precluding alien employment in city jobs, was sought by the Mayor because of the anticipated drainage of hospital staffs due to Federal defense activities.

Reject Cleveland Plan

The Cleveland Academy of Medicine, by a vote of 459 to 396, has rejected the first plan for group medical care to be presented since passage of the State's enabling act. Defeat of the proposal was attributed to general practitioners who feared serious personal economic consequences in the event the plan proved unsound.

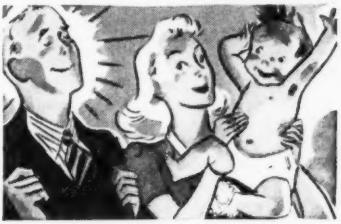
Passage of legislation to govern operation of group medical plans was advocated in the main by organized medicine. This first proposal would have provided medical care for $2 per month for individuals with salaries not exceeding $1,800 yearly, and for families with annual incomes of $2,-

"I have to laugh at my Daddy"

1. My Daddy was grumpy as a bear. He'd growl and bang around, and Mom said: "Daddy misses his coffee. The caffein keeps him awake so he stopped drinking coffee. But the doctor gave me an idea, and I'm going to try it out!"

2. That night at dinner, Mom served coffee! Daddy blew up! "Take it away!" he shouted. "You know I wouldn't sleep!" "Oh, yes, you would!" Mom laughed. "This is Sanka Coffee! It's 97% caffein-free and *can't* keep you awake!"

3. 'Don't believe it!" growled grumpy Daddy. So Mom told him: "The Council on Foods of the American Medical Association says: 'Sanka Coffee is free from caffein effect and can be used when other coffee has been forbidden'."



4. So Daddy drank two cups. Next morning he felt fine, 'cause he'd slept just dandy. So now he's cheerful every day, and when he talks about how good he feels, my Mom just winks at me . . . and then I have to laugh!

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE!

MAIL THE COUPON for a quarter-pound can of Sanka Coffee . . . free! Try it yourself—and recommend it to your patients who are bothered by caffein. Sanka Coffee is all coffee . . . only the caffein has been taken out!

GENERAL FOODS, Battle Creek, Mich. M.E. 9-41

Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name_____

Street_____

City_____ State_____

This offer expires Dec. 31, 1941.
Good only in the U.S.A.

400 or less. It would have included medical and surgical aid costing not more than $300 a year.

Editorially, both The Cleveland Press and The Cleveland News urged early presentation of a second plan.

Said the Press: "It is highly important that the board of directors give thought to formulation of another plan which will meet with the approval of the membership. For there is no sense in pretending that medical care for low-income groups does not present a problem in need of solution.

"The enabling act permits the adoption of any plan in a community if 51 per cent of its licensed physicians approve it. This act, while giving the doctors of a community a reasonable veto upon such plans, also puts upon them the responsibility of finding a workable one.

"If they do not, the pressure of public opinion may force a change in the law."

The News declared: "Medical men cannot hope to escape the trend to collectivism which has touched almost every other enterprise."

Medical-Dental Course

Merging of its medical and dental schools for the first two years of student work has been announced by the University of Louisville.

Included in the specific steps to be taken are:

1. Equal admission requirements for both schools.

2. Students may work toward either a medical or a dental degree for the first two years, as the work during that period will be identical.

3. Opportunities for training in clinical medicine and diagnosis will be provided in the third and fourth years for the dental as well as the medical student.

4. With two years of additional study, a graduate of the dental school may also obtain a medical degree, and vice versa.

In explaining the contemplated changes, Dean J. T. O'Rourke said: "The time has come when it is essential that the practicing dentist should have a greater knowledge of clinical medicine." He described as amazing the "no man's land" in existence between medical and dental teaching.

Doctors' Longevity Club

Formation of a committee to specialize in safeguarding the health of ninety-three living members of the Class of 1900 of the Columbia University School of Medicine, has been announced by Dr. Charles E. North, a member of that class.

The idea came to Dr. North at the annual class dinner last February when it was revealed that seventy-five of his 168 classmates were dead. He decided that doctors do not follow the advice they give patients to prolong their lives and to enjoy better health generally.

Voluntary complete medical examinations for every member of the class are planned by the special committee. They are to be given without charge, and laboratory tests will be available through cooperating hospitals at cost.

Fourteen-page reports on their personal history and medical information pertaining to themselves will be filled out by the physicians, and this information must be attested to by another physician. Perusal of these

For your diabetic patients

IT is difficult for the average diabetic to keep his equipment organized, particularly when travelling.

This B-D Bakelite Carrying Case does it for him. For $1.75 it comes with a metal insert to hold equipment, syringe and needle sterilizing case and cotton holder. Completely equipped with syringe, needles and Busher Automatic Injector, it sells for $5.50.

The coupon will bring you literature on B-D diabetic equipment, some of which may add materially to the comfort and convenience of your patients.

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

BECTON, DICKINSON & CO. ME 9
Rutherford, New Jersey

Please send me literature on modern B-D diabetic equipment.

Doctor.....

Address.....

City..... State.....

reports and prescribing treatments will be undertaken by the committee at monthly meetings.

Members of the class average between 67 and 68 years old. It is hoped the new plan will provide in time a definite method of examination and treatment for this age group in which there has been little experimentation until now.

Atabrine by Airplane

With malaria raging along the Burma Road, the American Red Cross, at Honolulu, recently transferred a consignment of 200,000 atabrine tablets from trans-Pacific steamer to Clipper plane in order to speed relief work among the stricken Chinese. The Red Cross also obtained 10,000,000 quinine tablets at Batavia, Netherlands Indies, for immediate use in the southern districts of Yunnan Province.

Medical Museum Bombed

Recent reports from London reveal that German bombs have wrecked the Museum of the Royal College of Surgeons, the world's greatest pathologic and anatomic museum. It is believed, however, that some of the priceless collections probably are safe, having previously been removed to the subbasement. Totally destroyed were the plaster casts of every wound type made after the last war for the army medical war collection. Lister's original surgical instruments are reported safe, although many other collections are lost.

German bombs have also severely damaged the British Medical Association House. Regular departmental work, however, continues.

Further British war news includes the information that the British Medical Journal has been forced to reduce its size severely due to paper control by the Ministry of Supply. In commenting on the changed appearance of the Journal, a notice in a recent issue says in part:

"... the British Medical Journal has been prepared and passed for press under conditions of very great difficulty brought about by the exigencies of war. Readers and contributors are asked to overlook imperfections in the Journal as now printed in a different type-face, and to understand that much current material is perforce missing."

Blue Cross Plans Grow

Blue Cross hospital service plans, with two thousand member hospitals, at the present time serve an area which contains 80 per cent of the population of the United States, according to a conference report of the Hospital Service Plan Commission. It is believed by hospital leaders that within a few years 20,000,000 people will be receiving the protection of the Blue Cross plans.

Soldiers' Blood Tests

Each soldier on active duty in the U.S. Army will receive a test to determine his blood type in order that transfusions may be given without the delay required by blood typing at the time of an accident, the War Department announced today.

By using newly developed dried preparations of blood-grouping sera obtained from rabbits, it will be possible to identify the various types of human blood for the entire Army personnel in less time and more eco-

nomically than with the human blood-grouping sera previously used.

Army surgeons will use machines to emboss the results of such tests on the individuals' identification tags. At least 100,000 men a week can be typed, according to medical officers.

Army Gets Sulfanilamide

A package containing sulfanilamide specially designed for self-administration by wounded soldiers is being added to United States Army kits, according to a recent announcement of the Package Machinery Company, Springfield, Mass.

The dirt-and-weather-protected package, opened by a simple tape, is planned for one-hand self-medication by wounded soldiers who have lost contact with their units. A single tablet of sulfanilamide, wide use of which is reported by British war physicians, drops forward as the box cover is slid back, and can be taken into the mouth with no danger of spilling the remaining contents.

'40 Death Rate Up

Available figures for 1940 show that the steadily declining death rate of the last few years seems to be checked. Provisional tabulations show 1,417,257 deaths in 1940, or 29,460 more than in 1939. The final 1939 mortality rate for the United States was 10.6 per 1,000 estimated population while provisional figures for 1940 give a slightly higher crude death rate figure of 10.8 per 1,000 enumerated population.

In 1936 the highest mortality rate of the ten-year period 1930-39 was reported, when the crude death rate reached a peak of 11.6 per 1,000 estimated population. A steadily declining death rate marked the next three years until it reached a new low for the death registration area in 1939.

Indicts Nazi Medicine

"Medicine and dentistry are no longer the honorable professions they used to be in pre-Hitler Germany," an article by Curt Daniel in the July issue of Oral Hygiene declares. Offered in support of this thesis are such facts as the following, said to be compiled from official Nazi publications and documents:

"Quackery is rampant, and has official protection. Some of the present and former party bosses, notably Hess, Hitler's one-time deputy, actually are 'health practitioners.' Under the aegis of Hess, a law came out February 2, 1939, which secured state recognition for 'those who feel within themselves a special call to nature healing'. . .Coincident with that, on April first of that same year, the period of study for legitimate medical practitioners was cut down by two years. The last available comparative figures (1937) show that

there were 48,848 physicians and 12,407 health practitioners (*Heil-Praktiker*). Since then the number of physicians has decreased and the number of quacks risen. . .

"Enrollment at dental and medical colleges has tapered off to little more than a handful. The position is serious now but what it will be in the future is beyond imagination. After expelling over 12,000 Jewish physicians, some 38,000 physicians were left. More than one-third are now attached to the Army, so that the 25,000 remaining supply the population in a ratio 1:4,000."

More P.H.S. Personnel

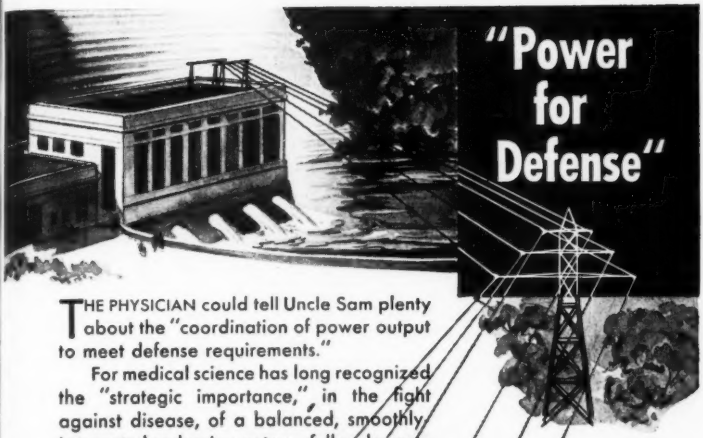
One hundred and thirty-four new public health workers have been assigned to State and local health departments throughout the nation by the U.S. Public Health Service to help cope with special public health problems created by the national defense program, Surgeon General Thomas Parran Jr. has announced.

The new personnel completed an orientation course of one month at the National Institute of Health, Bethesda, Md. Forty-one physicians, thirty-nine nurses, fifty-one sanitary engineers, and three laboratory technicians are included in the new personnel. Congress has authorized the continuance of emergency defense and sanitation activities of the Public Health Service.

Navy's Industrial Health

Sixteen navy medical officers, fresh from intensive post-graduate work in industrial hygiene at Columbia and Harvard Schools of Public Health, are now on duty at the Navy's industrial shore establishments to help increase production by keeping accidents and disease to a minimum. They are the nucleus of the industrial health section newly established under the navy's Division of Preventive Medicine.

Meanwhile, the Naval Medical School is training and equipping a number of mobile epidemiological and sanitary units, each unit to con-



"Power for Defense"

THE PHYSICIAN could tell Uncle Sam plenty about the "coordination of power output to meet defense requirements."

For medical science has long recognized the "strategic importance," in the fight against disease, of a balanced, smoothly integrated endocrine system—fully adequate to the hormonal requirements necessary for health, vitality, and abundant energy.

With winter threatening an early attack, patients of low vitality (with symptoms of endocrine imbalance) require special consideration . . . particularly when the clinical picture is obscured by the involvement of several glands of internal secretion (as often happens).

Protonuclein has been employed for nearly fifty years as a valuable adjuvant in the treatment of such patients. Borderline cases, as well as invalids and convalescents, often respond surprisingly well to its administration. It has a marked effect upon leukocytic activity, and exerts a tonic action in the stimulation of metabolism and defensive stamina.

Formula: Each tablet contains: thyroid U. S. P., 1/10 grain; thymus desiccated, ¼ grain; spleen desiccated, ½ grain; suprarenal desiccated, ¼ grain; pancreas desiccated, ½ grain; lymphatic desiccated, ¼ grain; brain desiccated, ¼ grain.

REED & CARNRICK • JERSEY CITY, N. J.

Available: in bottles of 100, 500, or 1000 tablets.

Dosage: 2 to 4 tablets after meals and at bedtime; children in proportion.

Write for trial supply!

PROTONUCLEIN

The multiglandular product

sist of two medical officers and four hospital corpsmen as technicians. Should an epidemic of diphtheria, for example, break out in Alaska or Trinidad, one or more of these units would immediately be dispatched to the scene.

As of July 1, the medical corps of the navy is reported to stand at 1,987 physicians, with sixty-nine more appointments awaiting confirmation.

Traffic Deaths Mount

The traffic toll in the United States for the first six months of this year was 16,810, the National Safety Council reports. This was 2,390 more than the total of 14,420 for the same period last year—an increase of 17 per cent. Pedestrian deaths during the first five months of the year were up only 8 per cent, as compared with a 23 per cent increase in non-pedestrian deaths.

Unless this trend is checked, the council points out, the 1941 traffic toll will shoot past 40,000 for an all-time high.

Incidence of Bad Teeth

In the average New Jersey community, 82 per cent of the school children have decayed teeth endangering their health, according to recent State Department of Health surveys.

In small rural communities where dental facilities were lacking, more than 90 per cent of the children were found to be in dire need of dental treatment. Among the drafted and enlisted men, as well as among youth examined by NYA dentists, dental disease was found to be the most prevalent health defect.

Unveil New Microscope

A giant microscope that makes possible detailed study of the inside of infinitesimal biological objects such as bacteria and blood cells has recently been announced by RCA laboratories. This electrical microscope, which is a modified design of the electron microscope, magnifies an object to a point fifty times greater than heretofore possible through the use of the optical microscope. It is said to magnify submicroscopic subjects 100,000 times their natural size.

Pharmacists' Grievance

A campaign to inform New York physicians that it is detrimental to the interests of medicine and pharmacy to send their patients to department stores to have their prescriptions filled, has been launched by the New York Pharmaceutical Council in an appeal for cooperation addressed to the five county medical societies of New York City. Said the appeal:

"A great many physicians are referring their patients to department stores to the discredit of the neighborhood pharmacist. Often the suggestion on the part of the physician

refers to the lower cost of medication. However, conditions under which the neighborhood pharmacist operates, the number of hours per day, and the availability to both physician and patients are considerations well worth recognizing."

The council pointed out that concentration of prescriptions in the department stores at the suggestion of physicians is looked upon by the pharmacists with the same indignation as the concentration of patients in a clinic is looked upon by the doctor.

The appeal is said to have brought a favorable response from the medical societies.

The Nose Knows

How to answer a phone call, yet avoid having to make a needless visit to a patient, is disclosed by an un-named physician-correspondent of the British Lancet. His letter says, in part:

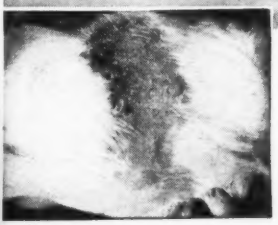
Contact with ABSORBINE JR. kills "ATHLETE'S FOOT" fungi . . . promotes healing

THIS effective liquid fungicide contacts "Athlete's Foot" fungi in minute tissue crevices, destroys many of the irritating organisms which might not be reached by other forms of treatment. Absorbine Jr. also *dissolves* perspiration products from which the fungi derive nutriments, and *helps keep the skin dry.*

Cool, invigorating Absorbine Jr. soothes broken tissues, promotes healing by stimulating peripheral blood flow to affected parts.

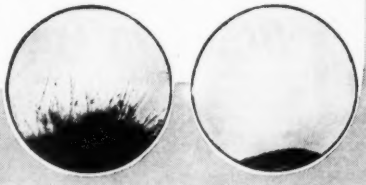
Wet dressings may be advantageously applied in severe cases of "Athlete's Foot." One part Absorbine Jr., two parts water.

May we send you a bottle of Absorbine Jr. for clinical examination? We will mail you a generous sample upon receipt of your professional letterhead. Write W. F. Young, Inc., 207 Lyman St., Springfield, Mass.



IN VIVO Photograph shows shaved abdominal area of a guinea pig one week after inoculation with fungus culture. Upper area, untreated. Lower area, treated daily with Absorbine Jr., shows no lesions.

IN VITRO To approximate the scale of fungus growth on human tissue, a new *in vitro* technique for measuring fungicidal properties was developed, as illustrated in these photomicrographs. Fungus cultures such as those represented on the left are killed within 5 minutes. Fungus-plus-Absorbine Jr. cultures demonstrate total inhibition of growth (right). (Other recognized methods were followed, including Klarman and Reddish. All gave conclusive evidence of Absorbine Jr.'s fungicidal effectiveness.)



ABSORBINE JR.
for relief of "Athlete's Foot"

"To answer in your own voice is to be left defenseless in case of an unurgent call, and few people can disguise their voices effectively. Now—grip the telephone in your right hand and your nose in your left.

" 'Is the doctor in?'

" 'I don't think he is, but I'll go and see. Who is it speaking, please?' says a strange nasal voice that you wouldn't recognize yourself.

"Lay down the phone and tap with your foot on the floor, diminuendo. That is Nosey going away to find the doctor. You may breathe naturally now and think the matter out. After a suitable interval you tap on the floor with your foot again, this time crescendo, pick up the phone, and (a) gripping the nose as before: 'I'm sorry, the doctor isn't in at present. Can I take a message, Mum?' or (b) in your own voice: 'Hello, Jones, about that match. . .' "

Urges Periodic Exams

Asserting it to be the duty of the medical group to help teach health plan subscribers the value of periodic examinations, Dr. Meyer J. Steinberg of Chicago's Civic Medical Center, speaking at a meeting of the Group Health Foundation of America, emphasized the necessity for maintaining regular contact with all subscribers and future patients.

Of equal importance, according to Dr. Steinberg, is the need to develop a workable method for advising patients to return for their regular examinations. In his opinion if this is neglected group health plans will be overlooking their best chance to serve the public.

To Conserve Manpower

Economic losses involved in deaths and permanent impairments due to industrial accidents last year brought a loss of 233,840,000 man-days, Secretary of Labor Perkins told a recent conference of the National Committee for the Conservation of Manpower in Defense Industries. The figure, which is equivalent to employment for a full year of nearly 780,000 workers, compares with 6,700,872 man-days lost due to strikes in the same period.

Last year's industrial accidents cost about 18,100 deaths, permanent impairment to 89,600 workers, and temporary disabilities to 1,782,000. The committee of 400 safety experts, drawing on a Federal appropriation of $200,000, will make recommendations to improve conditions in individual plants.

Insurance Bills Fail

California and Wisconsin legislators have failed to pass compulsory sickness insurance for the third consecutive time, with the bills in both States losing ground over previous attempts at passage.

The principle reason for the defeat

WHEN MENSTRUATION

"passes the Borderline and becomes Abnormal"

INDICATIONS

Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, Menopause, in Obstetrics.

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One to two capsules three or four times daily.

HOW SUPPLIED

In ethical packages of 20 capsules.

Let us send you your copy of the informative brochure, "Menstrual Regulation."

In many cases of functional aberration, associated with or caused by uterine deficiency, Ergoapiol provides welcome relief from discomfort by aiding in the normalization of menstrual expression.

All the alkaloids of ergot (prepared by hydro-alcoholic extraction), which are incorporated in Ergoapiol, and synergetically enhanced by apiol, oil of savin and aloin, exert an unusual sustained tonic action upon the uterus. Thus Ergoapiol effectively induces local hyperemia, and stimulates smooth, rhythmic uterine contractions. In addition, it constitutes a potent hemostatic agent to control excessive bleeding.

Ergoapiol is also a desirable oxytocic, of benefit in facilitating involution of the postpartum uterus.

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THE PREFERRED UTERINE TONIC

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INTERNAL IODINE MEDICATION

IN THE TREATMENT OF

THYROID DISEASE
CARDIOVASCULAR DISEASE
TERTIARY SYPHILIS
RESPIRATORY AFFECTIONS
METAL POISONING (Storage Stage)
SCROFULA
RHEUMATISM & ARTHRITIS

CLINICAL experience endorses Gardner's Hyodin—a syrup of hydriodic acid—as an effective alterative, sorbefacient, glandular stimulant and eliminant.

It is less toxic: Many physicians find that its use, instead of the stronger alkaline iodides, minimizes the risk of iodism.

It is more stable: Its acidity precludes the release of irritant elemental iodine through reaction with the gastric juice.

It is more palatable: It is well tolerated by the stomach, and its pleasant lemonade-like flavor commends it to the most fastidious, whether child or adult.

These significant advantages strongly recommend the prescription of Gardner's Hyodin, wherever internal iodine medication is indicated. Available in 4 or 8 oz. bottles.

Dose: 1 to 3 tsp. in ½ glass water ½ hr. before meals.

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HYODIN

FORMERLY
GARDNER'S SYRUP OF HYDRIODIC ACID

FIRM of R. W. GARDNER, Orange, N. J.

Gentlemen: Please send me a clinical supply of Hyodin, for internal iodine medication.

Dr. .....

Address .....

City E-9

of the California bill is said to be the constantly expanding California Physicians' Service, voluntary sickness insurance plan backed by the California Medical Association.

Strong opposition to the bill has come from groups of employers on the grounds that half the cost of such a compulsory system would be added to their tax bill. This added expense, according to the larger employers of labor, would be enough to force them out of business.

A final reason for the failure of the measure is that it contained provisions for drawing upon Federal support under national compulsory insurance legislation, which has failed of enactment in Washington.

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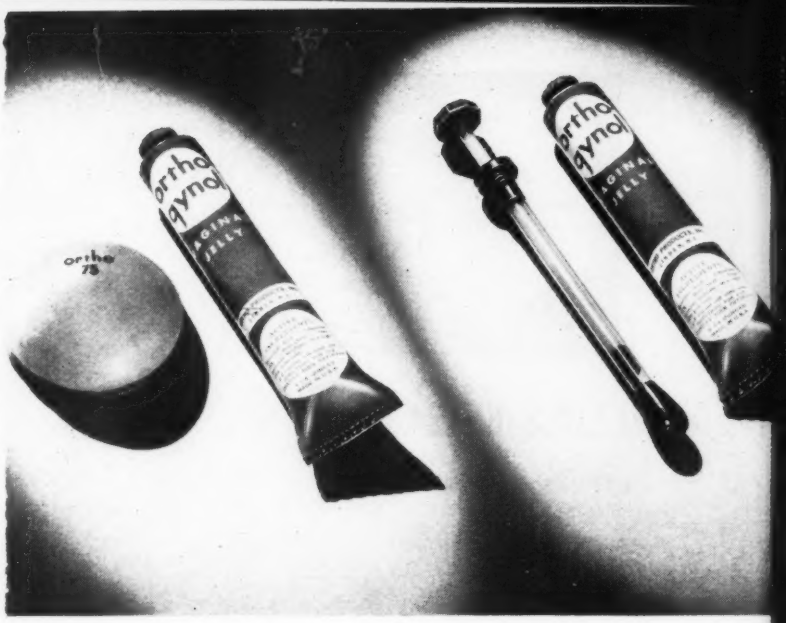

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• When you prescribe a method for child-spacing, your first concern is effectiveness. This is based on three principal factors:

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